

Shelter From the Storm:
The Los Angeles Free Clinic, 1967-1975

by

Rebecca Therese Baird

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Graduate Supervisory Committee:

Matthew Garcia, Chair
Matthew Delmont
Ann Hibner Koblitz

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ABSTRACT

Emerging in the late 1960s, the Free Clinic Movement represented an attempt to provide equitable, accessible, and free health care to all. Originally aimed at helping drug addicts, hippies, and runaways, free clinics were community-led organizations that ran solely on donations and volunteers, and were places where “free” meant more than just monetarily free - it meant free from judgment, moralizing, or bureaucratic red tape. This dissertation is an institutional history of the Los Angeles Free Clinic (LAFC), which, as a case study, serves to illustrate the challenges and cooperation inherent in the broader Free Clinic Movement. My project begins by investigating the links between the Free Clinic Movement and aspects of Progressive era reform, health care policy, and stigmatization of disease. By the 1960s, the community health centers formed under Lyndon Johnson, along with the growth of the New Left and Counterculture, set the stage for the emergence of the free clinics. In many ways, the LAFC was an anti-Establishment establishment, walking a fine line between appealing to members of the Counterculture, and forming a legitimate and structurally sound organization. The central question of this project is: how did the LAFC develop and then grow from a small anti-Establishment health care center to a respected part of the health care safety net system of Los Angeles County? Between 1967 and 1975, the LAFC evolved, developing strong ties to the Los Angeles County Department of Health, local politicians, and even the Los Angeles Police Department (LAPD). By 1975, as the LAFC moved into a new and larger building, it had become an accepted part of the community.

For my parents.

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CHAPTER 1

INTRODUCTION

The definition of a free clinic is highly elusive...The word “free,” for example, doesn’t just mean “no patient charge per patient visit.” It is almost a socio-political term suggesting freedom from conventional bureaucracy, from making destructive moral judgments, to administer services in a way unencumbered by conventional medical protocol.

*-The Free Clinic*¹

On April 1, 2014, President Barack Obama delivered a speech in the White House Rose Garden regarding the recent implementation of the Affordable Care Act (2010). He ended his remarks by noting that:

Today should remind us that the goal we set for ourselves -- that no American should go without the health care that they need; that no family should be bankrupt because somebody in that family gets sick, because no parent should have to be worried about whether they can afford treatment because they’re worried that they don’t want to have to burden their children; the idea that everybody in this country can get decent health care -- that goal is achievable.²

The idea of affordable and accessible health care has been a hot topic in the United States for decades, as has the possibility of creating socialized health care. Obama’s attempt to repair the broken health care system in America was just the most recent out of many politicians’ work, among them Senator Edward “Ted” Kennedy, President Bill Clinton, and President Richard Nixon. The Affordable Care Act is a strong reminder that inequalities have existed and continue to exist in regards to health care in the United

¹ *The Free Clinic: A Community Approach to Health Care and Drug Abuse*, Edited by David E. Smith, David J. Bentel, and Jerome L. Schwartz (Beloit, Wisconsin: Stash Press, 1971), xvi.

² Barack Obama, speech, “Remarks by the President on the Affordable Care Act.” April 1, 2014, White House Rose Garden, Washington, D.C. Accessed at <https://www.whitehouse.gov/the-press->

² Barack Obama, speech, “Remarks by the President on the Affordable Care Act.” April 1, 2014, White House Rose Garden, Washington, D.C. Accessed at <https://www.whitehouse.gov/the-press-office/2014/04/01/remarks-president-affordable-care-act> on 03/04/2016.

States, and that the attempts to rectify these disparities also have a long and diverse history.

Beginning in the Summer of 1967, groups of enterprising Americans from a variety of social backgrounds began to organize, forming small grassroots medical clinics across the United States. Their localized efforts led to the creation of a nationwide movement aimed at providing free and equitable health care to Americans, regardless of gender, ethnicity, social class, or lifestyle choices. These free clinics, as they were called, represented a departure from traditional mainstream health care institutions and, as some saw it, a sharp criticism of the inequalities inherent in the health care institution in the United States at that time.

The Free Clinic Movement, coalescing hundreds of individual free clinics, maintained an original mission that health care is a right, not a privilege. Created during the late 1960s, and emerging from both the Hippie Counterculture and the political New Left, the free clinics encompassed hundreds of grassroots, community-led organizations which formed during the past fifty years. The Haight Ashbury Free Medical Clinic, formed in the Summer of 1967, was the first free clinic in America. Within six months, free clinics sprouted up in Seattle, Los Angeles, Detroit, and Cincinnati, and soon the Free Clinic Movement was a nationwide phenomenon.³ By the end of 1969, a total of 54 identifiable free clinics operated in the United States with five more in Canada; among

³ Jerome L. Schwartz, "First National Survey of Free Medical Clinics, 1967-69" in *HSMHA Health Reports*, Volume 86, Number 9 (Sep. 1971), 776.

these 54 free clinics, 26 were in the Pacific Region.⁴ The largest number of free clinics, 18, was in California and represented one-third of the total number in the United States.⁵ During the 1970s, an estimated 300 more free clinics were established, though the total number of clinics dropped to as low as 100-150 by 1980.⁶ Sociologist Gregory Weiss's research notes that "by 2004, there were an estimated 800 free clinic in the country, though fewer than 10 of the original 70 clinics were still in operation."⁷ According to the National Association of Free and Charitable Clinics, an estimated 1,200 were in existence as of 2015.⁸ Although the numbers of clinics fluctuated over time, they all held certain characteristics that made them part of a nationwide Free Clinic Movement. While the nature of some of the free clinics has changed during the twenty-first century, most still promote the same mission statements as the original free clinics did in the late 1960s.

There is a saying among free clinic people that if you have seen one free clinic, then you have seen one free clinic.⁹ In studying these institutions it becomes clear that each clinic was an individual, unique organization providing specific services to their

⁴ Ibid., 776. The free clinics located in the Pacific Region included California (18), Oregon (1), Washington (6), and Hawaii (1).

⁵ Ibid.

⁶ Gregory Weiss. *Grassroots Medicine: The Story of America's Free Health Clinics* (Lanham, Maryland: Rowan and Littlefield Publishers, Inc., 2006), 28.

⁷ Ibid.

⁸ "NAFC History," National Association of Free and Charitable Clinics. Accessed at <http://www.nafcclinics.org/content/nafc-history>

⁹ Fred Bauermeister, interview by author, Simi Valley, California, April 11, 2013; Kelly Hodel, interview by author, Brentwood, California, April 8, 2013; and Weiss, 1-2.

local community.¹⁰ Each one was tailor-made, built to fill a need within their own regional environs. The free clinics are also ever evolving institutions, as their programs come and go to meet the changing needs of the communities they serve. This process of specialization and adaptation means that they are more fluid than traditional health care centers, and this is as true today as it was in the very beginning of the movement. At the 1971 National Free Clinic Convention, Dr. David Smith suggested that it was “crucial...that any free clinic program be flexible, involve the people, and respond specifically to their needs.”¹¹ Despite the uniqueness of each free clinic, they all maintain similar core missions. One can, therefore, discern similar central objectives running through all of the free clinics, particularly during their early years beginning in 1967.

In 1971, the editors of *The Free Clinic: A Community Approach to Health Care and Drug Abuse* suggested a six-point criteria with which to define free clinics in America. These included:

1. Direct delivery of either medical, dental, psychological, or drug care.
2. Presence of a professional relevant to the service provided.
3. Services available to everyone.
4. In general, no direct charges (although small charges for specific services or donations may be requested).
5. Specified hours of service.
6. Care provided from a specified facility.¹²

This touched on some of the basic ideas of the Free Clinic Movement. A free clinic required a base of operations which was traditionally a stationary structure, often rented month-to-month, and set up in an area of need. The early clinics focused primarily on

¹⁰ Herbert J. Freudenberger. “Free Clinics: What They Are and How you Start One.” *Professional Psychology* (Spring 1971), 169.

¹¹ *The Free Clinic*, 5.

¹² *Ibid.*, xv.

drug care and basic medicine and health care. They were more akin to an ambulatory health center than a hospital, and were not equipped to handle large scale medical emergencies or abortions. Some free clinics also provided dental and psychological care, but not all offered these services. All of the free clinics utilized health care professionals in the forms of doctors, nurses, nurse practitioners, and psychologists, lending a sense of legitimacy to the individual organizations and ensuring that each clinic was following the necessary legal guidelines for providing health care.¹³

The free clinics were all grassroots organizations, created within an urban or suburban community by its own community members. The motivation typically came from within the community and it was community led.¹⁴ Most, if not all, of the positions were volunteer-driven, though one or two administrative or leadership positions may have been paid a small amount.¹⁵ These numbers could change as a free clinic grew. It was also important that these volunteers not “be made up of members who live outside the area or by people who come in for a few hours a week and who, therefore, may have little conceptualization of what the clinic, the area, or the population are really all about.”¹⁶ By utilizing local volunteers, free clinics managed to keep their overhead relatively low, especially when compared to traditional medical centers where every

¹³ As seen in Chapter 4, in at least one case (the Los Angeles Free Clinic), a clinic was founded by people only pretending to be professionals. It was quickly reorganized under legitimate professionals.

¹⁴ See Weiss, 5.

¹⁵ Jerome L. Schwartz. “First National Survey of Free Medical Clinics, 1967-69.” *HSMHA Health Reports*, Volume 86, Number 9 (September 1971), 785.

¹⁶ Freudenberger, 170.

employee is paid. Similarly, free clinics relied on donations of furniture, equipment, and medicine, which allowed the cost savings to be passed on to the patient.

Another prominent and defining feature of the free clinics was the fact that they were free, or very close to it, asking for donations rather than having a set price for services. This was true no matter a patient's socio-economic background; services were free for the poor as well as for the middle or upper class. No distinction was made based on a person's status in society.¹⁷ As Dr. David Smith, founder of the Haight Ashbury Free Medical Clinic, and of the Free Clinic Movement more broadly, notes, "'Free' was a philosophical rather than an economic term."¹⁸ This terminology of 'free' had a broader meaning than simply free of cost, and this idea was at the heart of the Free Clinic Movement's philosophy and purpose. Smith, Bentzel, and Schwartz wrote, "The free clinic has become a wholly new paradigm for contemporary health care delivery... The term free clinic means more than just no patient charge per visit. It also means no probing questions, no 'morality trips,' no red tape, no files, no labeling or judging, no 'put downs,' but an effort to run a humane service center."¹⁹ Similarly, *The National Free Clinic Council Statement of Purpose* notes that "quality health care is a right of

¹⁷ This was, in part, due to the nature of the free clinics' emphasis on non-judgment. It was also a break with the Progressive Era ideas of so-called 'deserving and undeserving poor' as the free clinics made no such distinctions.

¹⁸ *The Alternate Services, Their Role in Mental Health: A Field Study of Free Clinics, Runaway Houses, Counseling Centers, and the Like*. Edited by Raymond M. Glasscote, et al. (Washington, D.C.: A Publication of the The Joint Information Service of the American Psychiatric Association and the National Association for Mental Health, 1975), 189.

¹⁹ *The Free Clinic*, xiv.

every individual, not a privilege dependent upon socio-economic status, social ethic, or geographic location.”²⁰

The free clinics aimed to be as accessible and open as possible, thus allowing patients to feel welcome, at ease, and free to discuss their problems, including psychological and social problems such as drug use and sexually transmitted diseases. A 1972 article in the *Journal of the American Medical Association* noted that the free clinics proposed “more peer, less rigid hierarchical staff; more simplified, less elaborate treatment; easier access, fewer bureaucratic routines; professional but yet more self-treatment; and broader, less specialized definitions of the jobs of all health workers.”²¹ This sense of inclusion and openness was at the heart of the Free Clinic Movement; their goal of creating a non-judgmental health center that was free from ponderous bureaucracy and moralizing meant more equitable care for the patients. The implementation of the free clinics’ philosophies was what truly made them a unique form of health care delivery.

Over the past fifty years, the Free Clinic Movement has blossomed into a nationwide phenomenon, and one that shows no signs of disappearing. Even with the development of the Affordable Care Act (ACA) in 2010, millions of Americans continue to lack the necessary resources to maintain preventative health care for themselves and their families. Likewise, a large population continues to feel rejected and ignored by

²⁰ “National Free Clinic Council Statement of Purpose (1971).” In *The Free Clinic: A Community Approach to Health Care and Drug Abuse*, edited by David E. Smith, David J. Bentel, and Jerome L. Schwartz (Beloit, Wisconsin: Stash Press, 1971).

²¹ John D. Stoeckle, et al, “The Free Medical Clinics,” in the *Journal of the American Medical Association*. Volume 219, Number 5 (January 31, 1972), 605.

traditional medical facilities - these include but are not limited to members of the lesbian, gay, bisexual, and transgender communities, as well as people with stigmatized medical conditions such as sexually transmitted infections, HIV/AIDS, and those with a history of drug and alcohol use and abuse. For many, mainstream health care is simply lacking in compassion and non-moralizing and nonjudgmental care. As long as these populations exist, the free clinics will continue to exist as well.

This dissertation is an institutional history of the Los Angeles Free Clinic (LAFC), beginning with its controversial origins in 1967 and ending in 1975, as the LAFC prepared to move into a new and larger space. The Los Angeles Free Clinic was chosen as the main subject of this dissertation for several reasons. It was, after the Haight Ashbury Free Medical Clinic, only the second free clinic established in the United States, followed quickly by the Seattle Open Door Clinic. It is the largest and oldest still operating free clinic in Los Angeles and, as such, more deeply covered by the local media and more represented in the archives. There was also hope that the LAFC's current incarnation, the Saban Free Clinic, would still have records and data from its early years; that hope was ultimately misplaced, as were the records and Board Meeting minutes I hoped to locate. Still, the Los Angeles Free Clinic was the vanguard of the Free Clinic Movement in Los Angeles, and in the years that followed, dozens of free clinics popped up across the city, all using the LAFC as their model. It is thus representative of the larger Free Clinic Movement, and serves as a case study for how this movement began, developed, and became accepted by Establishment health care.

The central question of this dissertation is: how did the Los Angeles Free Clinic develop and grow from a small anti-Establishment institution to a respected part of the health care safety net system in Los Angeles County? As the LAFC grew, it utilized cooperative networking, both internal and external, to achieve stability, transparency, and overall, to serve its client base. Over an eight year period, the LAFC went from a small and chaotic medical center run by possible con artists, at times operating out of a van, to a large-scale organization with hundreds of volunteers, multi-dimensional holistic social services, and commendations from local conservative politicians. How and why this transition occurred is the central story of this narrative.

I conducted a series of oral interviews for this project, all under the authorization of the Institutional Review Board at Arizona State University. I utilized oral history methodology as laid out in *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences* by Irving Seidman. His suggested techniques for leading an interview while providing the subject with the openness to direct the topics of conversation proved useful. This study was also informed by the writings of Michel Foucault, especially concerning the demystification and de-professionalization of medicine as seen in the free clinics' blurring of boundaries between doctor and patient, teacher and student. By placing power back into the hands of the patients, the free clinics represented a shift in the health care hierarchy, encouraging its clients to learn about their bodies, their health, and to be advocates for their own health care as, in many cases, no one else would.

I chose to focus my interviews on the administration and leadership of the LAFC for several reasons. First, these people represented the structural origins of the organization, giving the best sense of how the clinic was formed and originally set up. Since this is a study of a grassroots organization, I wanted personal insight into its development and for my narrative to be shaped by the stories and experiences of the people who created it. Second, as an institutional history, I wanted the dissertation to focus on organizational aspects of the clinic, including its challenges with the local government and police, with funding issues, and with any political infighting among the staff.

It was also quickly determined that finding a large enough sampling of patients from the time period of 1967 to 1975 would be close to impossible with the given resources at hand. The patient records from that time period have all since been lost and, even if they were located, their usefulness would be constrained by the limitations of HIPAA and medical privacy laws. The fact that the LAFC purposefully did not keep detailed or accurate records posed another challenge, as patients were always allowed to use aliases or even to omit their name entirely in preference of a chart number. Since so many patients were itinerant, many likely did not stay in the Los Angeles area long, adding an extra challenge to locating them. These constraints, as well as the direction of the study itself, lent itself to focusing on the administrative heads of the LAFC. The LAFC's patient base will provide a good topic for future research, especially with more recent developments in crowd sourcing technology.

Similarly, the high turnover rate for volunteers (as opposed to paid staff and administrators) made locating this population difficult as well. A few found their way into my narrative, but mostly via newspaper articles or other interviews. A particular and related difficulty was locating female staff and volunteers, as most of the women at the LAFC were young and later married and changed their last names.

The literature produced on the Free Clinic Movement is small; the free clinics are a relatively new topic to academic inquiry, especially in the social sciences, and have been generally neglected in the historiography of health care in the United States. A small body of literature, mostly medical journal articles, exists that explores the free clinics, their services, and their patients, but from a health policy standpoint. Similarly, a few dissertations, most in the field of public policy and in the history of medicine, also exist but represent the only real attempts at grappling with what promises to be an immense and currently relevant topic. None of them focus on the Los Angeles Free Clinic. Sheela M. Choppala's dissertation, "Seattle's Late 1960s Free Clinic Movement: Exploration of Social Activism as a Change Strategy for Health Care and the Ways in Which Individuals Engaged in Activism" was completed for a Ph.D. in Nursing, and focuses on the activist component of Seattle's free clinics and its participants.²² Julie Darnell's more comprehensive study of free clinics utilized a national survey to assess what free clinics do, who they serve, and why they vary by region.²³ Lastly, Niki Nibbe's

²² Sheela M. Choppala, "Seattle's Late 1960s Free Clinic Movement: Exploration of Social Activism as a Change Strategy for Health Care and the Ways in Which Individuals Engaged in Activism." Dissertation, University of Washington, 2004.

²³ Julie S. Darnell, "Free Clinics: What Are They, And Why Does the Number Vary Geographically?" Dissertation, University of Chicago, 2008.

master's thesis provides a critical examination of the National Free Clinic Council and an overview of the Haight Ashbury Free Medical Clinic and the Berkeley Free Clinic.²⁴

Sociologist Gregory Weiss has published the only monograph on the Free Clinic Movement thus far. His book, *Grassroots Medicine: The Story of America's Free Health Clinics*, published in 2006, is a sociological study of forty-five free clinics across the United States, from 1967 to the early 2000s. The other primary work (now out-of-print) is *The Free Clinic: A Community Approach to Health Care and Drug Abuse*, edited by David E. Smith, the founder of the Haight Ashbury Free Medical Clinic, David J. Bentel, and Jerome L. Schwartz. Published in 1971, the edited volume contains data from the proceedings of the first National Free Clinic Council Symposium, held at San Francisco Medical Center on January 31 and February 1, 1970.²⁵ The symposium represented the first attempt to unify the free clinics under one large organization which would represent their interests and maintain communication between distinct free clinics. Jenna Loyd's *Health Rights are Civil Rights: Peace and Justice Activism in Los Angeles, 1963-1978* has a small segment on the free clinics, but also emphasizes the growing health care activism during the 1960s and 1970s, particularly those caused by urban crisis.²⁶ Alondra Nelson's work, *Body and Soul: The Black Panther Party and the Fight Against Medical*

²⁴ Niki Nibbe, "Beyond the Free Clinics Origin Myth: Reconsidering Free Clinics in the Context of 1960s and 1970s Social Movements and Radical Health Activism." Master's Thesis, University of California, San Francisco, 2012.

²⁵ *The Free Clinic*.

²⁶ Jenna M. Loyd, *Health Rights are Civil Rights: Peace and Justice Activism in Los Angeles, 1963-1978* (Minneapolis: University of Minnesota Press, 2014).

Discrimination, represents a newfound interest in the free clinics and a step towards focusing on more specific aspects of the Free Clinic Movement.²⁷

My project adds to this small body of literature by focusing on the longer historical context of the Free Clinic Movement. The free clinics did not emerge like Athena, fully formed, from the Counterculture of the 1960s; rather, they drew from a wide range of existing health centers and social services. Similarly, the problems they engaged with - stigmatization of illness, lack of access to facilities, and inability to pay - had a long history in the United States as well. Very little research has been done on the Los Angeles Free Clinic itself, especially on its foundation and early years prior to its 1975 relocation. This dissertation adds to the growing historiography on the history of Los Angeles, especially with regards to the Counterculture and the New Left as they functioned in the city. Often, Los Angeles is overshadowed by San Francisco's much more visible hippie scene in the Haight Ashbury, and the narratives on Los Angeles focus on its Counterculture music scene on the Sunset Strip, or on its racial tension, such as the Watts riots. My work also adds to the research on the American health care system, including alternative health care centers, drug treatment centers, and community health centers. This dissertation represents the intersection of health care history, social reform movement history, and Counterculture/New Left studies. During a time when the American health care system has come under increasing scrutiny, my work provides a good place for such conversations to continue.

²⁷ Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011).

In Chapter Two, “Public Health, Progressivism, and Post-War Developments: The Broad Institutional Origins of the Free Clinic Movement,” my dissertation begins with the early foundations that led to the establishment of the Free Clinic Movement. Very little work has been done on the broad background to the Free Clinic Movement, and this chapter represents an attempt to link the Free Clinic Movement to early aspects of health care reform and Progressive Era social movements. The Free Clinic Movement did not just suddenly appear in 1967, but drew its ideas from a variety of health care movements. Here I look at America’s earlier attempts at health care equity and public health projects, including the stigmatization of and moralizing attitudes towards venereal disease. The use of public hospitals and a growing emphasis on infant mortality rates in the United States also led to improvements in health care and a consciousness of the exclusivity of the existing American health care system. By the 1960s, the creation of the community health centers aimed to provide comprehensive health and social services for those who could not otherwise afford or access it. They were the first real attempt by the federal government to change the system of health care delivery, and they were the organizations closest in structure to the free clinics.²⁸

In the next chapter, “The Politics of Health: The New Left, the Counterculture, and the Free Clinic Movement,” I turn to the immediate cultural and political climate from which the free clinics emerged: the 1960s New Left and Counterculture. The chapter opens with a discussion of the youth Counterculture of the 1960s, including its emphasis on volunteerism and alternative lifestyle choices. The Counterculture was

²⁸ Alice Sardell. *The U.S. Experiment in Social Medicine: The Community Health Center Program, 1965-1986*. (Pittsburgh: University of Pittsburgh Press, 1988), 4.

never a unified movement, but it did represent a departure from the mainstream and a reaction against and rejection of the traditional values of post-World War II America, including the affluence of the 1950s. The Counterculture in America is thus often viewed as a predominantly young, white, middle-class movement. The New Left can be seen as the political faction of the Counterculture, encompassing groups such as Students for a Democratic Society, the Congress of Racial Equality, the Free Speech Movement, and other aspects of civil rights era organizing. Like the Counterculture, the New Left is amorphous, hard to define, and loosely structured, all aspects that create difficulties in forming lasting organizations capable of effecting major change.

In this chapter I argue that the Free Clinic Movement, as seen in the original Haight Ashbury Free Medical Clinic, emerged from both the Hippie Counterculture and the politically active New Left, blending these philosophies to create a grassroots health care clinic that challenged the existing models of health care delivery in the United States. Here I also demonstrate that participants in the Counterculture were often viewed as reaping what they sowed, especially in terms of the health problems that arose from illicit drug use, street living, and promiscuity. As a result, many were either explicitly turned away from Establishment health care centers or were made to feel unwelcome, thus blocking their access to health care and exacerbating already problematic health issues. This chapter ends with a discussion of the formation and structure of the Haight Ashbury Free Medical Clinic, and the beginnings of the Free Clinic Movement in the United States.

Chapter Four, “The Creation of the Los Angeles Free Clinic, 1967-1970,” moves the story 400 miles south; as a result of continued persecution, Hippies from the Bay Area moved south to Los Angeles where they found an equally explosive hip scene. Los Angeles’ history of Progressive Era public health activities, along with strong Counterculture and New Left movements, made it an ideal location for a free clinic. Here the dissertation explores the controversial founding of the Los Angeles Free Clinic and its ultimate reorganization in December 1967. From there, I explore the services the new clinic offered including medical, legal, and counseling services. The next section focuses on the series of administrators and directors from 1968 to 1975, those who reorganized the clinic and then ran its various services. The LAFC faced multiple challenges during these years, including lack of funding and supplies, and harassment from the local police department, but by 1970, the LAFC was pulling itself together, and forming a more cohesive and structured institution.

In Chapter Five, “‘Functional Dysfunction’: Community and Cooperation in the Los Angeles Free Clinic,” I explore the Los Angeles Free Clinic as a space of “functional dysfunction,” where efforts of cooperation and teamwork helped keep the clinic unified even in times of crisis. This chapter begins with a discussion of the political and cultural differences at the LAFC, and the inherently democratic nature of the clinic’s Board of Directors. Despite attempts to maintain peace, a growing conflict over the benefits and legality of drug use at the clinic emerged among its two leaders, leading to factionalism and disagreements, and climaxing in a major blowout. This “internal explosion” over the use of LSD could have led to the disintegration of the clinic, but instead represented the

positive side of open communication, cooperation, and democracy among the staff. This chapter also covers the blurred boundaries at the LAFC, particularly between doctor and patient, and the attempts to de-professionalize the medical Establishment. This blurring of lines also fostered a sense of democracy and equality among the clients, a result of the ongoing attempts at communication and teamwork at the LAFC. The chapter ends with a contrasting look at another free clinic, the Los Angeles Gay and Lesbian Center, where a lack of communication and democratic structure among its volunteers resulted in chaos, boycotts, and law suits, an indication that not all free clinics were run like the Los Angeles Free Clinic. By keeping its center of power firmly within the staff, volunteers, and clients, the LAFC created a somehow functioning yet always dysfunctional organization.

Chapter Six, “From Anti-Establishment to Established: The Los Angeles Free Clinic Goes Mainstream,” explores the final transition of the LAFC as it became an accepted and respected medical establishment and a welcome and necessary institution in Los Angeles. This process included community outreach, networking, and self-promotion, as well as further strengthening the structure of the LAFC. The next section explores the evolving relationship between the Los Angeles Free Clinic and the Los Angeles County Department of Health, as they transitioned from being enemies to being on more friendly and mutually beneficial terms. While the Los Angeles County Department of Health was wary of the Los Angeles Free Clinic early on, it eventually used the free clinic as a model in setting up its own youth-oriented health care centers.

By the early 1970s, cooperative efforts between the two disparate health centers

saw reciprocal aid and an understanding that each was working for the good of the community, though utilizing different methodologies. The support of local politicians helped the LAFC find legitimacy and stability, and ultimately helped it gain financial backing and a new, more permanent location. As the LAFC turned mainstream, it also became entwined with the Women's Health Movement, particularly in the form of female-specific medical programs, and in the formation of feminist free clinics. Like its work with the Los Angeles County Department of Health, the collaboration with the Women's Health Movement helped to build up the LAFC, and to continue its promise of free and nonjudgmental health care.

Taken together, the chapters of this dissertation are an attempt to provide an institutional history of the early years of the Los Angeles Free Clinic, and also to weave a narrative of the larger nationwide Free Clinic Movement at its inception. The LAFC illustrates the power of cooperation and grassroots organizing, as well as the ways in which disparate social services can work together for the betterment of a community. The continued existence of the free clinics in the United States remains a vital part of the nation's health care safety net, and, even with the recent developments in health care reform, continues to serve the underserved and maintain their original philosophy of health care as a right for all Americans, and not just a privilege for some.

CHAPTER 2

PUBLIC HEALTH, PROGRESSIVISM, AND POST-WAR DEVELOPMENTS: THE BROAD INSTITUTIONAL ORIGINS OF THE FREE CLINIC MOVEMENT

I want to tell every well-fed and optimistic American that it is intolerable that so many millions should be maimed in body and in spirit when it is not necessary that they should be. My standard of comparison is not how much worse things used to be. It is how much better they could be if only we were stirred.

-Michael Harrington, *The Other America*²⁹

The United States has a long history of social programs and movements dedicated to helping the disadvantaged and disenfranchised. This included Christian reform movements, maternal and infant health care, the fight against venereal disease, and the creation of public institutions such as hospitals and worker's health insurance. All of these movements were born out of an urgent need to provide assistance to the nation's working class and those living in poverty. After the Civil War, and with the continued growth of America's urban environments, reformers worked to alleviate the stresses brought on by modern industrial life. By the end of the nineteenth century, upper and middle class women and men both became actively involved in attempts to improve the lives of the urban poor. The reasons for this involvement were as varied as Christian charity, attempts to improve national health, and alleviation of the growing pains brought on by industrialism and wage work.

Starting at the end of the nineteenth century, organizations sought to end the stigma often associated with venereal disease, hoping to bring in more patients for treatment and to eradicate diseases such as syphilis. Stigmatization of disease led to

²⁹ Michael Harrington, *The Other America: Poverty in the United States* (New York: Scribner, 1962), 17.

moralizing health care which, in turn, pushed patients away from being treated, both out of fear and embarrassment. This stigma attached to social diseases was nothing new, but reformers feared it augmented and exacerbated health problems among America's industrial workers. Throughout the Progressive Era, reforms led to increased attempts to deal with health problems, especially among the working classes. Public hospitals, venereal disease clinics, and settlement houses all worked to improve the quality of life for Americans by providing accessible health care options while also making visible the problems associated with poverty. Much of this was accomplished through community-led grassroots organizing which utilized local volunteers.

The Free Clinic Movement can be seen as a novel approach to health care delivery and a complete departure from traditional medicine and social work. Still, this shift was a long time coming, and one whose foundations reached far into the American past. This chapter will discuss the Free Clinic Movement in juxtaposition to earlier forms of social reform and health care. Viewing the Free Clinic Movement in context with these earlier institutions of social work and health care delivery demonstrates that while this movement had aspects that were a shift from traditional organizations, many of the ideas of the free clinics were based on much older and conventional institutions. We can thus see the origins of the Free Clinic Movement much farther in the past than the Summer of Love, or even the decade of the 1960s.

In many of the reform movements of the nineteenth and twentieth century, one can see themes that are later reflected in the Free Clinic Movement. While this chapter cannot comprehensively cover all of the links between the free clinics and the past, an

exploration of several specific areas can demonstrate that these ties did exist. The volunteers at the free clinics were, in many ways, the heirs of nineteenth and early twentieth century reform and charity. In other respects, the Progressive Era represented attempts at social control, including moralizing and differentiating between the deserving and undeserving poor, all of which the free clinics struck against. The discrimination and stigma apparent in the 1860s was still present in the 1960s and, like the venereal disease clinics, the free clinics sought to remove the stigma associated with certain diseases and ailments. As in Progressive Era settlement houses, they were local and volunteer-driven efforts to enact positive change in their communities. Although the free clinics are often painted as part of a new paradigm in health care, this chapter will show that the foundations of the free clinics are broad and vast. In many ways, the free clinics were the successors of social reform, as they drew from these earlier existing establishments, and created a direct path from the past to 1967 California.

Public Health and the Stigma of Venereal Disease

For those afflicted with venereal disease, sexually transmitted infections such as syphilis, gonorrhea, and chlamydia, the social stigmatization was often as injurious as the disease itself. During the late nineteenth and early twentieth century, venereal diseases “came to be seen as an affliction of those who willfully violated the moral code, a punishment for sexual irresponsibility.”³⁰ Since venereal diseases were considered social

³⁰Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1987), 5.

diseases, they often came with heavy stigmas and were used as arguments for abstinence or sexual regulation, enforced both by the state and by social mores.³¹

In his monograph *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*, Allan M. Brandt notes that people afflicted with venereal diseases “often have suffered a double jeopardy: the physiological consequences of the disease itself, as well as the deep psychological stigma.”³² This stigma was even worse in cases of secondary and tertiary syphilis, which left visible marks on the body in the forms of rashes, chancres, tumor-like growths, debilitating pain, and even insanity. Prior to the widespread use of antibiotics, a diagnosis of venereal disease was a life-long sentence and the treatments were often dangerous and expensive. In 1910, Paul Erlich developed an arsenic compound marketed as Salvarsan and used to treat syphilis, but it required a skilled person to administer as it could be fatal.³³ Even after antibiotics came into use, they were not always easy to obtain, especially due to the financial burden.

Throughout the Progressive Era, attempts were made to staunch the spread of venereal disease, with the strongest emphasis on treating, preventing, and eradicating syphilis. Anti-prostitution efforts such as the Page Law and various anti-vice organizations continued to make venereal disease a moral issue rather than simply a health problem. In 1911, the Bureau of Social Hygiene, funded by John D. Rockefeller,

³¹ Ibid.

³² Ibid.

³³ Jennifer Lisa Koslow, *Cultivating Health: Los Angeles Women and Public Health Reform* (New Brunswick, New Jersey: Rutgers University Press, 2009), 135.

Jr., began to overturn this moralistic approach in favor of a more scientific one.³⁴ This tactic continued throughout the years of the First World War, but was abandoned during the decade of the 1920s as government regulation on sexual mores seemed to wane in the face of the ‘new morality’ of the Roaring Twenties.³⁵ Other groups continued the moralistic approach. Organizations such as the American Social Hygiene Association, founded in October 1913, provided aid for those with venereal disease, though “it had opted for a moralistic, circumspect educational campaign that emphasized the menace of prostitution and promiscuity.”³⁶

In 1917, on the brink of America’s entry into the First World War, Los Angeles opened its first clinic to support treatment of venereal disease. The Genito-Urinary Clinic was one of only six in the nation.³⁷ The clinic was housed in four rooms above a pool hall, utilizing the small space the city gave them; at the clinic, the doctors and staff focused on treating venereal diseases, as well as using education to prevent its further spread.³⁸ In these ways the Genito-Urinary Clinic was similar to the later free clinics. The Genito-Urinary Clinic was limited, however, as the blood tests to diagnose syphilis were long and soaked up the already constrained resources at the city-run laboratory.³⁹ Unlike the free clinics, it relied solely on municipal funding, and it employed only male

³⁴ Brandt, 39.

³⁵ Ibid., 129.

³⁶ Ibid., 135.

³⁷ Brandt, 138, 141.

³⁸ Ibid., 139.

³⁹ Ibid.

medical professionals. Still, it provided an early model for the later community health centers and free clinics.

With the outbreak of the Great Depression, more infected individuals utilized free care from public health facilities. Brandt notes that patient levels “rose by at least 20 percent between 1929 and 1933,” bringing the total percentage in states like New York to upwards of 50 percent including these new cases.⁴⁰ Medical professionals such as Thomas Parran, appointed Surgeon General in 1936, along with the American Medical Association, estimated the rising financial costs of venereal disease on society as a whole. This included caring for those with advanced syphilis, as well as the loss of workers who required sick days due to the disease’s progression. During the 1930s it was estimated that patients with venereal disease cost more than \$15 million a year for treatment in both public and private clinics, while advanced syphilis cost perhaps as much as \$40 to \$50 million per year more broadly, particularly for the treatment of the insane and the severely physically disabled.⁴¹ These numbers caught the attention of both the federal government and the general public, and attitudes began to change little by little.

In response to the rising financial concerns, Parran created a campaign to educate the public on venereal disease, specifically syphilis, and to set up health centers which could administer free and confidential testing.⁴² Parran utilized the media, publishing articles and books, as a way to garner public support for his project. Success came with the Social Security Act of 1935, which gave \$8 million to the Public Health Service for

⁴⁰ Ibid., 130-1.

⁴¹ Ibid., 133.

⁴² Ibid., 139.

dispersal to states, and with the passage of the National Venereal Disease Control Act in 1938, which gave money to set up state-run centers to diagnose and treat venereal disease.⁴³ Within two years the number of venereal disease clinics rose from 1,750 to nearly 3,000 nationwide.⁴⁴ As public attention turned to the problems associated with venereal disease, reaction occurred in the form of health centers and more accessible treatment. By removing the moral stigma of venereal disease (or at least attempting to), Parran opened up the dialogue and aimed for more equitable access in treating and preventing these illnesses. His method seemed to work, at least temporarily.

The stigmatization of venereal disease is reflected in the health care problems of the 1960s and beyond. As with venereal disease, the problems associated with drug use and abuse, street living, and promiscuity led to moralizing and discrimination in health care practices; venereal disease, of course, continued to be a problem as well. Like patients with syphilis, members of the Counterculture were a visible minority; it was often easy to distinguish them based on their clothes, hairstyles, or drug-addled behavior. Gregory Weiss, in his social study of free clinics, notes that traditional doctors and medical facilities often neglected to treat these individuals, in part because of personal political beliefs.⁴⁵ Other health care providers “believed that the lifestyle chosen by these young people justified denying them any right to medical care.”⁴⁶

⁴³ Ibid., 143-4.

⁴⁴ Ibid., 147.

⁴⁵ Weiss, 24.

⁴⁶ Ibid., 24.

Such moralizing attitudes and discriminatory practices made for uncomfortable office visits, and limited the options available to those who chose an alternative lifestyle. Even government-run centers offered no respite. A study on alternate services notes that “since there were no substantial public funds to support services for these young people, the services available to those who had messed up their health and their heads with the soft drugs were hit-or-miss. They were often unwelcome at traditional helping facilities, and clearly made to feel so.”⁴⁷ It was out of this climate of inequity that the free clinics developed as alternate institutions, and with a special focus on non-judgment. But as we have seen, the attempt to remove moralizing judgments from health care was not a new thing.

By the end of the 1960s, venereal disease was becoming epidemic in Los Angeles County, and across the country as a whole. A 1971 article in the *Los Angeles Times* noted the rise in cases of venereal disease nationwide: cases of gonorrhea were up 9% from the previous year and 130% since 1963, while syphilis cases saw a rise of 15.6% in the previous year.⁴⁸ Estimates suggested that some “four million Americans contracted venereal disease last year, and at least 500,000 people have undiagnosed cases of syphilis.”⁴⁹ As in the Progressive Era, the article emphasized the cost of such diseases,

⁴⁷ *The Alternate Services*, 11.

⁴⁸ Cokie and Steven V. Roberts, “The Venereal Disease Pandemic,” *Los Angeles Times*, November 7, 1971, p. SM62.

⁴⁹ *Ibid.*

noting hospitalizations for mental problems caused by syphilis amounted to \$41 million for American taxpayers in 1968 alone.⁵⁰

Dr Warren A. Ketterer, head of VD control for the state of California, notes the moralizing about venereal disease is different than with other illnesses, saying “a tremendous number of people moralize about it. They think that if you stop sex, you’ll stop VD. That’s true, but you never think of stopping TB by stopping breathing.”⁵¹ In some cases, blame was placed on the development of the birth control pill, which allowed supposedly consequence-free sex, at least in terms of pregnancy.⁵² Likewise, many parents remained concerned that adequate sex education in the schools, including emphasis on how to prevent venereal through the use of condoms, would just remove another barrier preventing kids from having sex.⁵³ The article ends by noting, “One thing is certain: VD will continue to spread as long as it is considered dirty and shameful, something nice people don’t talk about, a ‘just punishment’ instead of a crippling disease.”⁵⁴

The Long Beach Free Clinic was “the only clinic in the area [of Long Beach] which counsel[ed] people with venereal disease putting emphasis on education,

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Ibid.

prevention, and the responsibility of the patient to bring in his own contacts.”⁵⁵ The free clinics of Los Angeles County saw 40% of the total venereal disease cases treated countywide. The Los Angeles Free Clinic saw about 60% of its total patient volume seeking help for sex-related matters such as pregnancy testing, abortion counseling, sexual transmitted diseases, and contraception.⁵⁶ Patients came to the free clinics because they knew “they [could] get good, compassionate treatment there and [didn’t] have to pay the price of a moral lecture.”⁵⁷ Even the Department of Health, Education, and Welfare recognized this as “a major failing of the established health care system.”⁵⁸

The free clinics maintained care for venereal diseases, as well as providing more traditional health care. Following the ideas of Parran, the clinics focused on treating the disease, educating the patient, and avoiding lectures or moralistic attitudes. The free clinics provided education services, not just to the public but to doctors as well. In a letter to the editor in the *Journal of the American Medical Association*, Dr. Ronald Lawrence, the medical director of the Los Angeles Free Clinic, noted that physicians could see more venereal disease cases in a few days at the clinic than they could in months at a private practice.⁵⁹ This type of hands-on experience could prove invaluable to doctors new to the field and help them gain an extensive breadth and depth of

⁵⁵ Barbara Russell and Lynn Lofstrom, “Health Clinic For the Alienated,” *The American Journal of Nursing*, Vol. 71, No. 1 (Jan. 1971), 83.

⁵⁶ Kathy Burke, “Free Clinics Turn to New Kind of Care,” *Los Angeles Times*, Nov. 18, 1973, p. B1.

⁵⁷ *A General Survey of Free Clinics*, 13.

⁵⁸ *Ibid.*, 14.

⁵⁹ Ronald Lawrence, “Educational Value of the Free Clinic,” Letter to the Editor in the *Journal of the American Medical Association*, Volume 220, No. 9 (May 29, 1972), p. 1248.

knowledge about venereal disease in a short period of time. However, it also meant the free clinics could end up with doctors interested in padding their resumes with experience rather than expressing true concern for those affected.

A similar letter made the connection between the free clinics and the venereal disease clinics that operated during the Second World War. Dr. Frederick Kalz, working at the Montreal Children's Hospital, noted that both types of centers were free of cost (with a small fee for night clinics), staffed by volunteers, and tended towards limited hierarchy. Kalz reminds readers that "medical men have devoted their services free for the poor since antiquity. Once they did it out of 'charity' ... Social conscience was the label we attached to our activities 30 years ago. We should not be antagonistic if now the young call it 'a political act and an organizational reform.' It is still an idealistic act, helping people, and such work gives an opportunity to the young doctor to learn, to heal, and to feel useful."⁶⁰ As Kalz notes, the idea of the free clinic had roots in the free venereal disease centers of both World Wars and, while the terminology had changed, the desire to help people had not. While the free clinics may have viewed themselves as something completely new, the reality is that they had a basis in earlier health care issues, particularly in terms of dealing with venereal disease.

Allan M. Brandt's research demonstrates that during the 1930s, the moralizing attitude towards patients with venereal disease began to shift, in part due to Thomas Parran's efforts. By emphasizing and making explicit the ways in which diseases like syphilis cost the public, the federal government, and industrialists, Parran helped to push

⁶⁰ Frederick Kalz, "Free Medical Clinics," Letter to the Editor in the *Journal of the American Medical Association*, Volume 220, No. 7 (May 15, 1972), p. 1013.

the issue of venereal disease into the public mind. These efforts, along with increased legislation, helped venereal disease rates begin to decrease until the mid-1950s when rates started to climb again.⁶¹ While some attribute this increase to the free love movement and the introduction of the birth control pill, Brandt notes that “there has been a fairly direct correlation to government spending in the area of venereal disease control and rates of infection; shortly after federal funding peaked in the early 1950s, rates reached all time low points. After funding was severely cut back in the late 1950s, incidence of infection again began to climb.”⁶² By the late 1960s, venereal disease reached crisis levels yet again, though this time it would be the free clinics that would help with the education, treatment, and prevention process.

Progressive Era Health Reform

During the late nineteenth and early twentieth century, public health was a growing worry in America’s major cities. Public health crises such as outbreaks of infectious diseases like smallpox and yellow fever had long been a municipal concern. As Jennifer Koslow notes, “By the end of the [nineteenth] century, public health projects became reactions not only to catastrophic disaster but also to broader developments in the urbanization of America.”⁶³ At the beginning of the twentieth century, cities expanded their responsibility to also cover routine medical treatments.⁶⁴ The growth of public

⁶¹ Brandt, 174.

⁶² Ibid., 178.

⁶³ Koslow, 2.

⁶⁴ Ibid.

hospitals was one way to combat the problem of public health, as well as to provide aid to poor communities. This was especially important since poverty was so often linked to disease and poor hygiene. This was not unique to the Progressive Era, as the development of free clinics clearly demonstrates the same attempt to provide health care for the common good, as well as aiming services at underserved communities.

For the working poor of the early twentieth century, particularly those in the city, health care options were extremely limited. Unlike private hospitals, which enjoyed a relatively large amount of freedom, including freedom from government control, public hospitals, by their very nature, provided access to a broader segment of the population, including the poor.⁶⁵ Public hospitals, then, represented efforts to bridge the gap created by privately funded organizations, as they worked with segments of the population neglected by private organizations.⁶⁶ The public hospitals thus became a safety net for the portion of a city's population that had few, if any, other options. The Free Clinic Movement drew explicitly on these same ideas, working as bridges between cultural and social groups and utilizing the idea of equal access to health care options.

Public hospitals did more than just provide much needed services to a city's population; they also made visible the social problems and inequalities that pervaded American urban life. Sandra Opdycke notes that "by offering services that are open to all, [public institutions] make visible the needs of the whole population."⁶⁷ Public institutions helped bring awareness to the specific issues of a community, including those

⁶⁵ Sandra Opdycke, *No One Was Turned Away: The Role of Public Hospitals in New York City Since 1900* (Oxford: Oxford University Press, 1999), 10.

⁶⁶ Ibid.

⁶⁷ Ibid., 5.

problems associated with urbanization and industrialization such as poverty, limited hygiene, and a growing socio-economic gap. By bringing awareness to the issues, solutions could then be created and implemented. These solutions often were the result of community organizing, giving “people a concrete example of community solidarity at work...[and letting] the community see itself functioning as a community.”⁶⁸ Visible examples of community-led teamwork to alleviate social problems would place activist Progressive era reform in a positive light, and hopefully lead others in the community to provide help, either in the form of manpower or finances. Public institutions, then, sought to bring light to the issues of poverty and urbanization, and to give a human face to the urban poor. They functioned much like the 'Muckrakers' of the Progressive Era who, through literature, journalism, and images also brought attention to the working poor.

The free clinics functioned in much the same way as the public institutions of the Progressive era. The free clinics worked to make the disenfranchised members of the population more visible, and to bring light to the hardships they faced on a daily basis. In places like the Haight Ashbury Free Medical Clinic, doctors and staff focused on drug abuse and addiction problems, but did so without engaging in moralizing behavior. Instead they actively worked to “recognize the humanity of drug abusers and to avoid the prejudices and myths surrounding drug abuse.”⁶⁹ One thing the early free clinics strived for was listening to the populations they served and creating services that were needed; in

⁶⁸ Ibid.

⁶⁹ Leonard Somberg, “The Los Angeles Free Clinic, 1967-1970: A Folk History.” From the Personal Collection of Frances Helfman.

listening, they also helped give those populations a voice. As in Progressive Era reform, the free clinics were a result of community-organizing, bringing together diverse groups of people to help enact societal change.

The Progressive Era saw the growth of public welfare throughout the United States.⁷⁰ As America's bureaucracy grew during this time, more public agencies were created to provide forms of social welfare. Settlement houses, first seen emerging in England, worked to allocate free services to the working poor, including health care and health education. Chicago's Hull House supplied aid to working class immigrants in the form of educational lectures, daycare, social clubs, and even America's first playground.⁷¹ Similarly, free clinics mimicked this holistic set up, offering a wide range of services. While health care was their primary focus, an article in the *Journal of the American Medical Association* notes, "they become multipurpose institutions for they are used variously not only as medical dispensaries but also as social and counseling agencies, 'crisis centers,' meeting places, telephone advice and referral, daytime 'pads,' and sometimes almost like settlement houses."⁷² Both the settlement houses and the free clinics relied on philanthropic donations from the public, though some settlement houses

⁷⁰ This time period also saw the reorganization and mobilization of the American Medical Association under direction of Dr. Joseph McCormack. These efforts helped 'professionalize' the medical industry and root out quacks and charlatans. For a more thorough overview, see Alice Sardell, *The U.S. Experiment in Social Medicine: The Community Health Center Program, 1965-1986* (Pittsburgh: University of Pittsburgh Press, 1988), 25-26. Such welfare reform took place across the Atlantic, as well. In France, *gouttes de lait* were set up to provide health care and hygiene information to new mothers, and free sterilized milk to mothers who could not make enough of their own. For an excellent overview of the *gouttes de lait*, see Rachel Fuchs, *Poor and Pregnant in Paris: Strategies for Survival in the Nineteenth Century* (New Brunswick, New Jersey: Rutgers University Press, 1992). Britain also created similar child welfare centers, though milk was not free.

⁷¹ Robyn Muncy, *Creating a Female Dominion in American Reform, 1890-1935* (New York: Oxford University Press, 1991), 13.

⁷² Stoeckle, 604.

(as well as some free clinics) used municipal funds. The free clinics and the settlement houses both utilized voluntary labor to keep their establishments running. In many ways, the settlement house movement can be viewed as the forerunner of the Free Clinic Movement; however, unlike the settlement houses, health care was first on the free clinic agenda. Every free clinic offered health care services, but not all offered secondary services such as job co-ops or crisis counseling.

With a growing concern over infant and maternal mortality rates, some of the first broad public health activity of the Progressive Era focused on women and children. Records suggest that infant mortality rates were 100-150 deaths per 1000 births in the year 1900; maternal mortality ranged from 60-90 deaths per 1,000 births.⁷³ Groups rallied to protect and purify the milk supply, and by 1910 New York City had fifteen milk stations, centers designed to disburse clean cow's milk for needy babies.⁷⁴ Organizations like the Children's Bureau, which was established in 1912, were also part of this Progressive reform; utilizing the activities of settlement houses such as Hull House, the Children's Bureau worked on a more intimate level with mothers, providing education, child-care, employment opportunities, and moral support.⁷⁵ Like the move towards public hospitals, these organizations provided free or low-cost alternatives for health services and were aimed at helping the poor.

⁷³ Milton Kotelchuck, "Safe Mothers, Healthy Babies: Reproductive Health in the Twentieth Century" in *Silent Victories: The History and Practice of Public Health in Twentieth Century America*. Edited by John W. Ward and Christian Warren (New York: Oxford University Press, 2007), 106.

⁷⁴ Kotelchuck, 107.

⁷⁵ Seth Koven and Sonya Michel, Eds., *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York: Routledge, 1993), 325.

In 1921 the Children's Bureau helped create the Sheppard-Towner Maternity and Infancy Protection Act which provided assistance in the form of health care education to mothers and their dependent children. The Act focused on rural families who had little access to proper health care, both because of socio-economic position as well as location, and aimed to decrease infant mortality rates.⁷⁶ Although the Sheppard-Towner Act was repealed in 1929, it still served as a precedent in childhood welfare legislation and established the framework for future agencies and lawmaking. It also attempted to create healthier citizens through education, putting some sense of control back into the hands of mothers. A mother who understood illness and disease would be better prepared to treat it, or at least know when to obtain professional medical help. Both the Children's Bureau and the Sheppard-Towner Act represented efforts to bring the health of women and children to the forefront of government policy-making, and recognized the effect that health and health education had on the growing American working class. By the time the Great Depression hit in 1929, the Sheppard-Towner Act ceased to exist, though its legacy lived on in a variety of local and state organizations. In both of these organizations one can see the foundations for the future Free Clinic Movement, especially their investment in health and education.

Historian Sandra Opdycke notes that public institutions required a high level of inclusiveness.⁷⁷ These public institutions were used by a wide range of the population, and included everything “from mass transit to federal highways, from public schools to

⁷⁶ Robyn Muncy notes that a 1913 study conducted by the Children's Bureau showed America's infant mortality rates to be one of the highest in the industrialized world. The Bureau estimated that 50% of those deaths could be prevented by improved access to health care both before and after birth. See Muncy, 98.

⁷⁷ Opdycke, 4.

mortgage insurance, from Project Head Start to state universities.”⁷⁸ While many of these are twentieth century innovations, they have their roots in these much earlier forms of social welfare such as church groups and other beneficial organizations, many of which stem from the Progressive Era. The increase in concern over public health, including the development of public hospitals, was a foundation for the future Free Clinic Movement. Like these other institutions, free clinics would be visible, low-cost, and provide equal access to any member of the local population in need. This did not just mean those living below the poverty line, but anyone who *felt* that they had no access elsewhere. There were no qualifications required to be a free clinic patient, making it one of the most inclusive forms of health care available in the United States.

Another Progressive Era health reform was the push for the creation of a national health insurance, initially aimed solely at laborers. According to Paul Starr, in a single-earner household, illness could be detrimental to the family unit as a whole. Illness resulted in lost work days and wages (and often lost jobs), disrupted home life, and caused families to spend more on medical care.⁷⁹ Starr notes, "These were not merely private problems. In the economy as a whole, illness had an indirect cost in diminished production as well as a direct cost in medical expenditures."⁸⁰ Access to medical care was, of course, not equitable. A 1932 study by the Committee on the Costs of Medical Care “presented abundant evidence that access to medical care was inequitably

⁷⁸ Ibid.

⁷⁹ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 236.

⁸⁰ Ibid.

distributed by income and that a significant proportion of low-income families were receiving little or no medical or dental care.”⁸¹ Progressive reformers thus hoped “that health insurance would not only benefit American workers [but] it would yield handsome returns for employers by creating a healthier and more productive labor force.”⁸² These demands for health insurance and medical reform, however, were met by opposition from a variety of groups.⁸³ The consistent drive for equitable access to health care was an indication that something needed to change, especially for the working poor. The unequal distribution of health care access meant that those who needed it most were those who were most often denied access, either due to location, cost, or circumstance.

The push for health insurance and the assurance that it would benefit American workers reflected a growing concern over inequitable health care in the United States. As with venereal disease, part of the emphasis was financial, promoting the idea that worker illness cost employers in terms of production. Access to affordable preventative health care, as well as access to a doctor early on in an illness, could potentially save not only money but lives. The clamor for health insurance and access to health care during the Progressive Era mirrored the Free Clinic Movement’s rallying cry that health care is a right, not a privilege. The Great Depression revived the movement towards health insurance, but this, too, halted with the outbreak of the Second World War.

⁸¹ Alice Sardell, *The U.S. Experiment in Social Medicine: The Community Health Center Program, 1965-1986* (Pittsburgh: University of Pittsburgh Press, 1988), 31.

⁸² Starr, 236.

⁸³ This included the American Medical Association (AMA), the American Federation of Labor (AFL), and many employers. Most felt the legislation would be too restrictive, too paternalistic, and too much government involvement in people's lives. For a full account of the development of health insurance in America, see Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982).

Post-War Optimism and the Push for Equitable Health Care

In the post-war period, Americans turned more attention to science, research, and medicine, resulting in an expansion of the medical field. Paul Starr relates that between 1950 and 1970 “national health care expenditures grew from \$12.7 billion to \$71.6 billion” while “the medical work force increased from 1.2 to 3.9 million people.”⁸⁴ At the same time, this emphasis on health and welfare led to increased interest and dispersal of vaccinations, first against polio and smallpox, and later against measles, mumps, and a host of other illnesses. Against this backdrop, the federal government continued to debate how best to bring health care to the economically disadvantaged, many of whom never saw a doctor due to cost or location.

President John F. Kennedy’s optimistic vision of the future kicked off the decade of the 1960s. Kennedy’s inaugural address in January of 1961 was tempered by Cold War fears and focused heavily on the ideas of liberty and freedom, especially in regard to the growing concerns over communism, yet remained optimistic about the future. Kennedy told Americans: “Now the trumpet summons us again—not as a call to bear arms, though arms we need--not as a call to battle, though embattled we are--but a call to bear the burden of a long twilight struggle, year in and year out, ‘rejoicing in hope, patient in tribulation’--a struggle against the common enemies of man: tyranny, poverty, disease and war itself.”⁸⁵ Kennedy’s request that Americans “ask not what your country can do for you--ask what you can do for your country” was a call to arms for social reform, both

⁸⁴ Starr, 335.

⁸⁵ JFK Inaugural Address. Accessed online at <http://www.presidency.ucsb.edu/ws/?pid=8032>.

at home and abroad.⁸⁶ His New Frontier challenged Americans to make the nation, and the world, a better place. As the climate of social reform moved forward in the 1960s, various organizations developed to try to create temporary or lasting solutions to the ongoing problems of poverty, lack of access to health care, and discrimination. They represented unique attempts to gain control over equitable access to health care and were the results of grassroots organizing, along with federal and state funding measures.

Kennedy's New Frontier included this emphasis on volunteerism, challenging Americans to volunteer their time both at home and abroad to help make the world a better place. He asked for Americans to focus on service and community as seen in the administration's development of such organizations as the Peace Corps, created to help bring some humanity to American foreign policy, and as an active part of America's involvement in the Cold War.⁸⁷ At the same time, Kennedy explored health care options, especially for the poor. In February of 1962, Kennedy "put forward a \$1.2 billion legislative package on health care, which included a program of grants of \$35 million to states for intensive programs."⁸⁸ The emphasis of the state programs would be at the community level, mainly for the creation of immunization programs. Attempts to eradicate both smallpox and polio were meeting mixed success due to roadblocks in the immunization programs, namely that poorer children lacked access to doctors and, thus, to immunizations. Eradication was not possible unless the *entire* population could obtain

⁸⁶ Ibid.

⁸⁷ For an excellent overview of the spirit of volunteerism and the Peace Corps, see Elizabeth Cobbs Hoffman, *All You Need is Love: The Peace Corps and the Spirit of the 1960s* (Cambridge: Harvard University Press, 1998).

⁸⁸ James Colgrove, *State of Immunity: The Politics of Vaccination in Twentieth-Century America* (Berkeley: University of California Press, 2006), 145.

vaccines; if large pockets did not receive vaccines, then disease would simply continue to spread. James Colgrove notes that “epidemiological patterns provided a clear indication that vaccination was an issue of social justice.”⁸⁹

The theme of poverty and social justice (or injustice, as the case may be), was highlighted throughout the early 1960s. Michael Harrington, in his 1962 groundbreaking book *The Other America: Poverty in the United States*, illustrated the ways that poverty created its own worldview, especially with regard to mainstream society and authority.⁹⁰ Harrington claimed that “to be impoverished is to be an internal alien, to grow up in a culture that is radically different from the one that dominates the society.” Harrington's work challenged Americans to *do* something to help change the status quo, in some ways paralleling the ideas of the Kennedy Administration and its challenge for active involvement. The emphasis was on action, and also represented a positive message that change was possible and was the responsibility of everyone. Like the Progressive Era reformers, Harrington sought to humanize the poor, giving them a face and hopefully bringing some understanding to the ways in which they lived. The challenge to enact change was on the shoulders of every American.

Although Kennedy began efforts to alleviate some of the ongoing social problems in America, particularly those caused by poverty, he would not live long enough to see such programs implemented. Under Lyndon Johnson's Great Society, such efforts at social reform and volunteerism continued, often referencing the assassinated and martyred president as a means of garnering support. While simultaneously dealing with

⁸⁹ Ibid., 157.

⁹⁰ Harrington, 15-17.

the height of the Civil Rights Movement, the escalation of the conflict in Vietnam, and various forms of domestic unrest, Johnson's administration began to implement programs aimed at helping the working poor.⁹¹ It was under Johnson that the immediate predecessors of the free clinics, the community health centers, came into being.

In 1964, the Johnson Administration launched both Medicare and Medicaid. Designed to help the poor and the elderly, the two programs were key components of Johnson's War on Poverty, a major part of the Great Society reforms. In August of 1964, the Johnson Administration ushered in the Economic Opportunity Act, which included a Job Corps, and the Volunteers in Service to America which functioned as a domestic version of the Peace Corps.⁹² The programs were overseen by the newly created Office of Economic Opportunity (OEO), and were run by Sargent Shriver, the late John F. Kennedy's brother-in-law. These new institutions "avoid[ed] city and state governments, whose lack of responsiveness to the poor was seen as part of the problem. Instead, the new programs were administered directly by the federal government, or support was channeled through educational institutions, nonprofit organizations, and community groups."⁹³ As a result, the programs were federally run, and avoided much of the politics

⁹¹ One aspect of the new programs developed during, but not directly sponsored by, the Johnson Administration was the Medical Committee for Human Rights. Formed during the Fall of 1964, around the same time as the community health centers, the MCHR worked to bring equitable health care into the American South and to provide for the civil rights workers as well. For a full discussion of the MCHR, see John Dittmer, *The Good Doctors: The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care* (New York: Bloomsbury Press, 2009).

⁹² Bonnie Lefkowitz, *Community Health Centers: A Movement and the People Who Made it Happen* (New Brunswick, New Jersey: Rutgers University Press, 2007), 4.

⁹³ *Ibid.*, 5.

and bureaucracy at the local level, though accepting federal funding brought its own problems.

In 1965 the OEO “gave grants to medical schools, hospitals, health departments, and community groups to plan and administer 'neighborhood health centers' in low-income areas” and the community health centers were born.⁹⁴ The community health centers aimed to improve access to health care for the economically disadvantaged. They were aligned with the Progressive social reform movements, and followed a similar ideology as the public hospitals. Johnson’s community health centers were the heirs of this long history of Progressive health reform, and they drew on newer ideas, too, such as the Civil Rights Movement, the War on Poverty, and Kennedy’s optimistic vision of a future where Americans’ volunteerism improved the nation as a whole.

Bonnie Lefkowitz notes that the early community health centers “had a common sense, holistic philosophy that came from understanding that good health is close to impossible if you have to choose among food, rent, and medicine.”⁹⁵ The community health centers provided “convenient locations and a focus on the communities to be served; outreach, child care, and transportation to help the severely deprived patients use the services; attention to the economic and environmental factors that contributed to ill health; and involvement of the patients themselves in how the programs were set up and run.”⁹⁶ The attempt to make a comprehensive center reflected some of the earlier ideas of

⁹⁴ Sardell, 3.

⁹⁵ Lefkowitz, vii.

⁹⁶ Ibid., 8.

the settlement house movement, and also looked towards the latent Free Clinic Movement.

The community health centers represented the first attempt by the federal government to reform health care delivery, creating a new way to provide health care in America.⁹⁷ Lefkowitz notes that the community health centers “were governed by the people who used them, and brought power where none seemed to exist.”⁹⁸ Like the free clinics to come, the community health centers worked to decentralize medicine, putting it into the hands of the community and providing comprehensive and extensive care, including preventative medicine and social services, all located under one roof.⁹⁹ This would eliminate the need to travel for different services, a hardship on those without access to a car or who could not afford public transportation. The centers eliminated all poverty requirements, instead providing services to anyone from the local community, no matter his or her socio-economic background. According to Alice Sardell, “The neighborhood health center concept - radical in its emphasis on community health as opposed to medical care, and consumer participation rather than professional dominance in health care decisions - was not to be limited to health services for the poor, but would be an alternative to the hospital-based medical care system for the whole population.”¹⁰⁰

⁹⁷ Sardell, 4.

⁹⁸ Lefkowitz, viii.

⁹⁹ Sardell, 54.

¹⁰⁰ Ibid., 59.

By 1966, the OEO was running or actively supporting community health centers in eight different regions, including the Watts neighborhood of Los Angeles.¹⁰¹

The community health centers obtained funding directly from the federal government; this meant that the government had a large say in what programs were implemented. While the community health centers did seek to bring more equality to the health care system, they failed to change the style of health care delivery. Drug addicts who went to a community health center faced jail time, runaways faced being sent back home, and everyone faced bureaucratic red tape. The centers had some measure of success, but, as Alice Sardell points out, they met tremendous opposition after 1968 when Republicans once again gained office, though Senator Ted Kennedy attempted to retain the funding and support for the community health centers.¹⁰² The centers continued to function, through budget cuts and department reorganizations, through political changes, and remain an important part of America's health care safety net.¹⁰³

Conclusion

The Free Clinic Movement that emerged in the late 1960s was not an anomaly, nor was it entirely unique, but rather the product of a long history of health care and reform. While one could trace its development farther into the past, the Progressive Era and later provide prime examples of similar institutions aimed at grassroots level reform

¹⁰¹ It was this community health center in Watts that would later inspire Dr. David E. Smith to open the Haight Ashbury Free Medical Clinic in the summer of 1967. See Chapter Three.

¹⁰² Sardell, 6.

¹⁰³ For a thorough exploration of the community health centers from 1968 to 1986, see Alice Sardell's work. Bonnie Lefkowitz's monograph on the community health centers brings their history up through the mid-2000s.

and health care equity, along with the intervention of the federal, state, and municipal governments in health care. These institutions demonstrate that while the Free Clinic Movement was an innovation, it had broad foundations in these earlier movements as well.

The limitations placed on access to health care in America prompted a variety of reform movements. During the Progressive Era, funding for, and government involvement in, public health expanded. Programs such as the movements to treat and prevent venereal disease, the creation of public hospitals, and the settlement house movement each worked to remedy existing social injustices. These organizations sought to recognize the humanity of their patients, and to provide for those who were seen as unwelcome or deserving of their afflictions. Progressive Era institutions were a safety net, creating a space in America's cities where medical help became more accessible, and bridged the gap between private and public care. Many of the new organizations functioned on a grassroots level, utilizing community involvement and organizing to enact change locally. They sought to make problems visible so communities could see the existing inequalities and work to create functional solutions. Still, the help these organizations brought often came with moralizing judgments or with requirements to demonstrate genuine need. This put patients at a disadvantage, as they had to prove they were worthy of aid, and accept the shame that came with moralistic convictions. More improvements were seen in areas such as infant and maternal health care, including the development of the Children's Bureau and the Sheppard-Towner Act, which saw lasting success on the local level.

By the 1960s, the optimism associated with John F. Kennedy's New Frontier challenged Americans to make their nation better. Michael Harrington notes, "My standard of comparison is not how much worse things used to be. It is how much better they could be if only we were stirred."¹⁰⁴ By the 1950s, America's activism in health care reached a climax and then began a slow decline. By the early 1960s, rates of sexually transmitted diseases were rising, and interest in infant and maternal health care was waning. By the mid-1960s, Americans were stirred to action yet again, this time in the form of community health centers which worked to create an entirely new approach to health care delivery. The spirit of volunteerism that pervaded the Peace Corps also helped create the Medical Committee for Human Rights and the community health centers. In both of these organizations, power shifted hands to the people being served. While Progressive Era centers focused on maintaining the existing form of health care delivery, the community health centers subverted the established structure and created a new form of health care delivery. By maintaining multi-purpose centers, capable of providing one-stop social services including health care, the community health centers advocated a new way of serving the local communities. From these seeds of reform, the Free Clinic Movement grew.

By the summer of 1967, residents of San Francisco had access to a wide range of social services, but many flocked to the struggling Haight Asbury Free Medical Clinic on Clayton Street. Here, patients received aid that was nearly a century old, and yet seemingly brand new in its delivery. Like the settlement houses and the community health centers, they provided a wide range of services, from health care to psychiatric

¹⁰⁴ Harrington, 17.

help to job co-ops. As with the efforts to treat venereal diseases, free clinics struggled to end the stigma and moralizing attitudes that proved detrimental to obtaining health care. While the Haight Ashbury Free Medical Clinic's attitudes to the disenfranchised helped launch a revolution in health care delivery, they remained very much rooted in the past, not so much a novel idea and organization, but a hybrid of old and new.

CHAPTER 3

THE POLITICS OF HEALTH: THE NEW LEFT, THE COUNTERCULTURE, AND THE FREE CLINIC MOVEMENT

The world began fragmenting on him...One human cell: his; that was all that was left of the entire known world, and if he lost control of that one cell, there would be nothing left. The world would be, like, over. He has to rebuild himself and the entire world from that one cell with a gigantic act of will - too overwhelming. Where does a man start?

-Tom Wolfe, *The Electric Kool-Aid Acid Test*¹⁰⁵

In 1967, at the beginning of the Summer of Love, Dr. David Smith was a twenty-seven year old medical school graduate who had completed post-doctoral training and research in drug use and abuse.¹⁰⁶ Smith moved to the Bay Area from California's Central Valley where he had a traditional upbringing; his goals focused on “professional success and academic success, financial success, and security.”¹⁰⁷ After finishing his schooling in 1960 at the University of California at Berkeley, Smith purchased a place at 361 Frederick Street, on the southern border of the Haight Ashbury District in San Francisco. He chose this location not because of the cultural make-up of the neighborhood, but rather because it was a convenient few blocks' walk to the University of California, San Francisco, Medical Center.¹⁰⁸ There Smith completed his medical degree and began research on psycho-pharmacology, focusing on LSD and amphetamine use. Smith also worked as the director of the Alcohol and Drug Abuse Screening Unit at

¹⁰⁵ Tom Wolfe, *The Electric Kool-Aid Acid Test* (New York: Picador, 1968), 247.

¹⁰⁶ Clark S. Sturges, *Dr. Dave: A Profile of David E. Smith, M.D., Founder of the Haight Ashbury Free Clinics* (Walnut Creek: Devil Mountain Books, 1993), 39.

¹⁰⁷ David E. Smith, interview by author, San Francisco, January 29, 2013.

¹⁰⁸ Ibid.

San Francisco General Hospital where he gained an increasing familiarity with drugs and the consequences of their use and abuse. Smith's research was timely as both LSD and amphetamine use were on the rise in America, and his own neighborhood of the Haight Ashbury seemed to be the center point of the new drug culture.

During the 1880s and 1890s, the Haight Ashbury was the peaceful and quiet residence of upper middle-class families whose stately Victorian homes lined the streets.¹⁰⁹ Although it survived the 1906 San Francisco Earthquake and subsequent fire, the Haight Ashbury fell into a decline as other neighborhoods in the city rose to prominence.¹¹⁰ By the 1930s and 1940s, the Haight Ashbury was a middle-class area inhabited by older labor activists and members of the Old Left. In the 1960s, the Haight Ashbury District was a neighborhood in flux once again. It was a place filled with head shops and hippies, many of whom attended the concerts and events in Golden Gate Park just a few blocks away.¹¹¹ By 1966, Smith recalled, "there was a little donut shop down here...and they'd be serving donuts on the top and giving LSD down below...And then Ken Kesey and the Merry Pranksters and Further and the Electric Kool-Aid Acid Test and the Human Be-In with Timothy Leary and Alan Ginsburg and all of that stuff was

¹⁰⁹ Richard B. Seymour and David E. Smith, *The Haight Ashbury Free Medical Clinics: Still Free After All These Years, 1967-1987* (San Francisco: Partisan Press, 1986), 13.

¹¹⁰ Ibid.

¹¹¹ The Haight Ashbury neighborhood is bordered on two sides by Golden Gate Park. Four blocks to the west of the intersection of Haight Street and Ashbury Street is the main section of the Park, including Kezar Stadium, one of the major concert venues of the 1960s. Two blocks north of the intersection is the Panhandle of Golden Gate Park, one block wide and eight blocks long, stretching along the north border of the Haight Ashbury District. The southeast border is delineated by Buena Vista Park. All together, the Haight Ashbury neighborhood is approximately eight blocks by five blocks, a relatively small area for so much activity and attention.

right over there on ‘Hippie Hill.’ So this was all happening around here.”¹¹² Historian David Farber notes that the Haight Ashbury District “wasn’t the only counterculture enclave, but it was the first and the biggest and the most photogenic.”¹¹³ Media attention focused on the region, and it quickly became known as the epicenter of the Counterculture.

As the population of runaways and hippies increased in the Haight Ashbury, some social services tried to provide a measure of aid. The Diggers, a small community-activist group of Counterculture radicals, set up free food banks and gave food and supplies away to those in need. Most of the food was obtained by begging and panhandling, but unlike other organizations such as the Salvation Army, the Diggers did not require any proof of poverty and did not do any proselytizing.¹¹⁴ John Robert Howard claims that The Diggers, in their philanthropic efforts, repudiated the capitalist system and attempted to work with people on a more personal and human level.¹¹⁵ This refusal to engage with the normative system helped place The Diggers as a Counterculture organization; they rejected aspects of modern society and followed their own principles, in this case begging and scrounging for supplies on behalf of the less fortunate. A Digger named Bob noted, “The materialistic society won’t take care of these people. American society doesn’t believe in what we are doing so we have to take care

¹¹² Smith interview.

¹¹³ David Farber, *The Age of Great Dreams: America in the 1960s* (New York: Hill and Wang, 1994), 169.

¹¹⁴ John Robert Howard, “The Flowering of the Hippie Movement,” in *Annals of the American Academy of Political and Social Science*, Volume 382, Protest in the Sixties (March 1969), 46.

¹¹⁵ Ibid.

of our own people.”¹¹⁶ The Diggers’ philanthropic work was limited, especially since the group always remained small, never numbering more than a few dozen.¹¹⁷ Runaway homes, halfway houses, and local churches tried to help feed, clothe, and house the growing population in the neighborhood as well. What the neighborhood’s more radical residents truly lacked, however, was something neither The Diggers nor the local churches could provide: access to legitimate, legal, accessible, and low cost health care.

On Cole Street, in the heart of the Haight Ashbury District, activists organized voting rights drives, going into the American South to help register black voters as part of the Civil Rights Movement. Smith recalls this as the first time he became aware of racially segregated health care in America, noting, “obviously I should have known about it, but I didn’t...I received an education on political activism that I would not have received in the university.”¹¹⁸ For someone like Smith - white, middle-class, educated, a medical researcher by trade - living in the Haight Ashbury was a transformative experience, both in terms of showing the existing prejudice and discrimination, as well as providing exposure to the youth drug culture. Smith claims he was “learning more on [his] way home at night than anything [he] was up in the lab.”¹¹⁹ It was these lived experiences and interactions that helped frame the ideas behind the latent Free Clinic Movement.

¹¹⁶ Lewis Yablonsky, *The Hippie Trip: A Firsthand Account of the Beliefs, Drug Use and Sexual Patterns of Young Drop-Outs in America* (San Jose, California: toExcel Press, 1968), 222.

¹¹⁷ Farber, *The Age of Great Dreams*, 169.

¹¹⁸ Smith interview.

¹¹⁹ Ibid.

Smith inherited a fondness for alcohol from his father, but his time in the Haight Ashbury fundamentally changed his lifestyle. By 1967, Smith had his first experience with LSD. He claimed it was a very spiritual experience and one that prompted a paradigm shift in his life.¹²⁰ He stopped drinking and became more aware of, and involved in, the growing Counterculture community of the Haight Ashbury. Still, while Smith tuned in and turned on, he never dropped out. Smith notes the importance of having his first experience with hallucinogens well after receiving all of his schooling and medical training, and claims that rather than being derailed from his education or work, he already had his skill set and job and was thus able to stay focused on his career even after using LSD. Smith relates that the culture of the Haight Ashbury neighborhood was “just an explosion of stuff, and it was like the University of the Haight Ashbury...U.S. political action, civil rights, anti-war - it was just an incredible explosion of activity and it was just, like, wow. But you had to be open to it, too.”¹²¹ The Haight Ashbury radicalized Smith, and he began to identify more and more with the worldviews of the Counterculture.¹²² Rather than merely studying the effects of drug use in his lab, Smith became his own experimental subject. The climate of the Haight Ashbury changed him, and he, in turn, embraced this new Counterculture lifestyle while still maintaining his position as an established and respected doctor in the community.

David Smith’s experience in the Haight Ashbury reflects some of the changes taking place across America during the latter years of the 1960s. Smith began as a

¹²⁰ Ibid.

¹²¹ Ibid.

¹²² Ibid.

medical student and ended as someone with one foot in the Counterculture and one foot in the Establishment. Like the neighborhood he resided in, Smith's life was in flux, moving towards new ideas and yet retaining a traditional past. The Haight Ashbury changed from a neighborhood of Old Leftists to one marked by the New Left and the growing Counterculture, reaching a climax in 1967 and 1968 before collapsing in on itself. During this short time, the neighborhood gained a reputation as the center of all things hip, and a place to go to both lose and find yourself in the bohemian lifestyle that swept the area.

As sociologist Wini Breines explains, the Old Left focused on the ideologies of the American Communist Party, Marxism, socialism, and industrial workers.¹²³ The Old Left encompassed the labor activists of the 1930s, 1940s, and 1950s, and was a strongly political movement aimed at progressive reform of the workplace and the capitalist system more broadly. The Old Left was born of the Great Depression, World War II, and the hardships and deprivation of the era. In contrast, the New Left emerged from the affluence of the post-war period, and was shaped by prosperity, popular culture, and an abundance of material goods.¹²⁴ The New Left often included children of the Old Left, so-called "red diaper babies" who grew up in this atmosphere of political and social activism and whose parents held radical leftist ideologies.¹²⁵ While the Old Left focused on the workers, the New Left emphasized civil rights, free speech, and self-expression.

¹²³ For an excellent discussion of the Old Left versus the New Left, see Wini Breines, *Community and Organization in the New Left, 1962-1968. The Great Refusal* (New Brunswick, New Jersey: Rutgers University Press, 1989), 13-17.

¹²⁴ Breines, 15.

¹²⁵ Ibid.

On a cultural level, the New Left grew from the Beatniks of the 1950s, a counterculture movement in their own right, and situated in San Francisco's North Beach, on the northeast edge of the peninsula and a few miles from the now derelict Haight Ashbury. By the 1960s, high rents and lack of space began to drive Beats and bohemians into other neighborhoods; the lower rents of the Haight Ashbury proved attractive. Within a few years, the Haight Ashbury would rise to prominence as the center of a new counterculture.

In Chapter Two we saw how the Free Clinic Movement evolved out of the long history of social welfare in America. Private, non-governmental relief was established early in America's history, with church groups and local beneficial organizations, often run by women, leading the way. During the Progressive era, as the bureaucracy expanded, so, too, did government involvement in relief and welfare. This included emphasis on maternal and infant health, as well as health care access for industrial laborers. By the early 1960s, the Johnson Administration's focus on The Great Society led to the establishment of community health centers, institutions both funded and run by the federal government though also utilizing local support. While the Free Clinic Movement had solid roots in this background of traditional social reform, it was also very much a product of the Counterculture and the New Left. The Free Clinic Movement, like the eclectic neighborhood from whence it sprouted, represented the traditional and the modern, the old and the new, as it created a space where mainstream medicine met radical new ideas.

This chapter will explore the more contemporary events that helped spark the Free Clinic Movement in America. Although the foundations of the Movement run deep, stretching back to the Progressive era and earlier, the politics and culture of the 1960s also played a strong role in creating the free clinics. Both the Counterculture and the New Left provided the cultural impetus that led to the development of the Free Clinic Movement in the Summer of 1967. The Haight Ashbury Free Medical Clinic was the first large-scale, metropolitan free clinic, and it pioneered a new method of health care delivery while still utilizing traditional models of medicine. The broader story of the Los Angeles Free Clinic, and the Free Clinic Movement more generally, begins in San Francisco's Haight Ashbury neighborhood. Using the Haight Ashbury Free Medical Clinic as a case study demonstrates that the 1960s leftist movements were more fluid, more open, more diverse, more inclusive, and more lasting than earlier studies suggest.

The Counterculture, the New Left and the Free Clinic Movement

When one thinks of the late 1960s in America, there are visions of bell-bottoms and beads, Woodstock and burning draft-cards, hippies and drug users – the symbols of the growing youth Counterculture.¹²⁶ While popular culture paints the Counterculture as a unified movement, the reality is much different. Sociologist Gregory Weiss points out that this “youth culture” or “counterculture” was actually a diverse group of people. Disenchanted college students became social activists and “dedicated members of social movements” throughout the 1960s and beyond; most were committed to non-violent

¹²⁶ The term “hippie” likely derived from the 1950s beatnik term “hipster,” which has regained popularity in recent years. For more discussion on the possible origin of the term, see John Robert Howard, 44.

means of effecting change.¹²⁷ Other young Americans sought to “challenge the country to live up to its stated ideals...[and] to raise people’s awareness of social issues and social problems.”¹²⁸ A third and more visible group was “distinguished by their rejection of mainstream society’s basic values,” and were often referred to as “hippies.”¹²⁹ They lived starkly contrasting lives when compared to their parents’ generation: “they engaged in casual sex, ‘crashed’ anyplace that was available, often failed to get enough to eat, and abused powerful drugs.”¹³⁰ Weiss notes that “it was an unhygienic and, in many ways, health-harming lifestyle.”¹³¹

Sociologist John Robert Howard, writing in 1969, notes four variants of hippies: the utopian visionaries, the drug-using freaks and heads, the older but supportive midnight hippies, and finally the superficial plastic hippies.¹³² Those living in the Haight Ashbury District, the visionaries, focused on changing the world through example. They offered a utopian alternative to mainstream society.¹³³ This breakdown is echoed by Lewis Yablonsky, a sociologist who spent time living with and trying to understand hippie populations in California during 1967/8. Yablonsky sees the “high priest” as the pinnacle of the hippie lifestyle, and someone who relies on drugs to achieve a higher

¹²⁷ Gregory L. Weiss, *Grassroots Medicine: The Story of America’s Free Health Clinics* (Lanham: Rowan and Littlefield Publishers, Inc., 2006), 23.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Ibid., 23-24.

¹³² Howard, 43.

¹³³ Ibid., 45.

sense of being; they also preach love and tolerance, even to “The Man,” whom they view as simply testing their devotion to the lifestyle.¹³⁴ The aspiring hippie “high priests,” the novitiates, have not fully rejected modern society but are on the path. Below them are the “plastic hippies,” those who maintain a thin veneer of “hippiedom” but do not fully accept or engage in the lifestyle.¹³⁵ The stratification within the hippie movement indicates a lack of consensus on what exactly constitutes the hippie lifestyle, and how far one had to delve into hippie philosophies and ideologies to truly be considered a hippie.

Howard suggests that the hippies relied heavily on ideas of voluntarism, much as was described in Chapter One’s depiction of Kennedy’s New Frontier. The hippie philosophy added that if every person does his or her part then society’s basic needs could be met, but this assumes that people will participate in the system and do so in a useful and productive manner.¹³⁶ Howard relates a story from a member of The Diggers who, when asked why they stopped handing out free food, explained how much work and manpower and timing went into it. He noted how lack of cooperation by a few could lead to the collapse of the project as whole:

A lot of people got to do a lot of things at the right time or it doesn’t come off. Well, it got so that people weren’t doing it. I mean a cat wouldn’t let us have his truck when we needed it or some chick is grooving somewhere and can’t help out. Now you hate to get into a power bag and start telling people what to do but without, man, well.¹³⁷

¹³⁴ Yablonsky, 30 and 32.

¹³⁵ Ibid., 33.

¹³⁶ Howard, 47.

¹³⁷ Ibid.

This example clearly illustrates the problems inherent in relying on voluntary efforts to enact change. If people get tired or busy with other projects, everything can fall apart. Arranging social care can be complex work, and subdividing the labor too much can result in such difficulties. The Diggers also demonstrate one of the prevailing criticisms of the hippies and New Left as a whole, a lack of organization and leadership. Without some power hierarchy, it becomes impossible for an organization to have direction, and the resulting collapse is seen in many of the organizations of the New Left. One of the benefits of this lack of organization, however, was that it made groups more difficult to infiltrate or destroy, as they tended to have no single center.

The Counterculture itself was full of conflicting ideas, and it never represented a solid philosophy or political stance.¹³⁸ Instead, the movement was as ethereal as its participants. On the one hand was a focus on dropping out, of focusing on yourself. The hedonistic moral philosophy became ‘if it feels good, do it,’ but at the same time there was an emphasis on community, brotherhood, and the creation of self-sustaining communes.¹³⁹ Historians Peter Braunstein and Michael William Doyle argue that “the term ‘counterculture’ falsely reifies what should never properly be construed as a social movement. It was an inherently unstable collection of attitudes, tendencies, postures, gestures, ‘lifestyles,’ ideals, visions, hedonistic pleasures, moralisms, negations, and

¹³⁸ Timothy Miller, *The Hippies and American Values* (Knoxville: The University of Tennessee Press, 1991), xix.

¹³⁹ *Ibid.*, 5.

affirmations.”¹⁴⁰ The paradoxes of the Counterculture itself create difficulty in finding an established, and representational, narrative of the time period.

A counterculture can simply be defined as any movement specifically going against the mainstream culture. In this sense, there are many countercultures spread across every historic era. However, the Counterculture of the 1960s holds a unique place as *the* defining counterculture movement of the Twentieth Century. The Counterculture of the 1960s can be defined as a challenge to the predominant culture, a reaction to the mainstream politics and culture of the 1950s and early 1960s. Jeremi Suri notes that the Counterculture grew out of dissatisfaction with life during the Cold War, and that an international counterculture movement was present globally; it was not a uniquely American phenomenon.¹⁴¹ Professor Timothy Miller claims that “the hippies rejected the industrial for the agrarian, the plastic for the natural, the synthetic for the organic...They challenged the formidable Western tradition of setting the individual on a pedestal; for hippies, communal values stood over the rights and privileges of individual persons.”¹⁴² For many, participation in the Counterculture represented a rejection of mainstream culture, but also a return to more traditional values and beliefs. The majority of participants in the Counterculture were white, middle-class, and “from the most visible

¹⁴⁰ Peter Braunstein and Michael William Doyle, “Historicizing the American Counterculture of the 1960s and ‘70s” in *Imagine Nation: The American Counterculture of the 1960s and ‘70s*. Edited by Peter Braunstein and Michael William Doyle (New York: Routledge, 2002), 10.

¹⁴¹ Jeremi Suri, “The Rise and Fall of an International Counterculture, 1960-1975” in *The American Historical Review*, Volume 114, Number 1 (February 2009), 46. Suri’s work provides an outstanding overview of the complexities of the counterculture in the international arena, with particular emphasis on events in the former Soviet Union.

¹⁴² Miller, xiv.

and privileged parts of society.”¹⁴³ For many, the rejection of mainstream culture was a rejection of their own affluence, though the depth of that rejection is difficult to measure.

Miller sees the Counterculture as divided into two camps, the hippies and the politically active New Left.¹⁴⁴ In this sense, the dividing line is their level of action against mainstream society. According to Miller, “the majority of hippies, while often sympathetic to the New Left, weren’t much interested in politics and thus saw the Counterculture and New Left as distinct movements, even though the line between them was not always precise.”¹⁴⁵ Both groups represented a backlash to mainstream society and politics, but manifested this rejection in different ways. For hippies, rejection came in the form of withdrawal from society, (often) active use of LSD and marijuana, and a utopian sense of creating a new society based on values often deemed outside those of mainstream society. For the New Left, this rejection was in political activity, the formation of groups such as Students for a Democratic Society, and active attempts to change the system. Of the two, the New Left seemed more capable of producing real change while the hippies led by example; however, the hippies were often viewed as more subversive to the social order than was the New Left.

Historians have presented the story of the New Left as a model of declension, with the traditional critique being one of a rapid rise and fall. In this narrative, the New Left begins in the early to mid 1960s, hits a peak around 1967, and dies out by the end of 1968 or 1969. The movements thus peaked in the mid-to-late 1960s with short-lived

¹⁴³ Suri, 47.

¹⁴⁴ Ibid., xx.

¹⁴⁵ Ibid.

successes and many failures. By the Fall of 1967, just after the Summer of Love, members of the Haight Ashbury, led by The Diggers, performed a burial service for “Hippie” which included a funeral cortege and a casket full of love beads and other hippie paraphernalia. Some viewed this as the beginning of the end of the Counterculture, as the Haight Ashbury became less friendly and more violent as amphetamine use replaced LSD. By 1969 the free concerts made famous by Woodstock degenerated into the violence of Altamont. Some placed the death of the Counterculture with the 1969 Tate-LaBianca murders, perpetrated by the Manson Family and demonstrating the dangers of any deviation from ‘normal’ society.

The traditional New Left critique ends with failure due to “internal differences, unresolved cultural contradictions, and a political backlash from the established culture.”¹⁴⁶ Part of the problem with being anti-Establishment was the lack of Establishment level organization that could fuel these institutions and help them weather the backlash they received. By its very nature, the New Left and the Counterculture both drew in people who tended to be less interested in following strong leaders, or being strong leaders themselves. As a result, many of the groups that coalesced during this time period of the 1960s collapsed in on themselves, leading observers to judge the movement as a whole a general failure.

More recent scholars of the 1960s such as John McMillian suggest that the New Left was a much broader movement than previously believed, and one whose history could benefit from a more bottom-up approach. This is especially true since the

¹⁴⁶ John McMillian, “‘You Didn’t Have to Be There’: Revisiting the New Left Consensus” in *The New Left Revisited*. Edited by John McMillian and Paul Buhle (Philadelphia: Temple University Press, 2003), 4.

organizations that developed during this time tended to be grassroots, community-led projects, sprouting from the new ideas formed during the turmoil of the 1960s.

According to McMillian, “the New Left can be defined as a loosely organized, mostly white student movement that promoted participatory democracy, crusaded for civil rights and various types of university reforms, and protested against the Vietnam War. It first began to crystallize in the early 1960s and then picked up steam toward the middle of the decade, following the Free Speech Movement and the escalating U.S. invasion of Vietnam, only to dwindle away in the early 1970s - several years after the evaporation of SDS.”¹⁴⁷ The consequences of the New Left were far reaching and longer lasting than organizations such as Students for the Democratic Society (SDS).

It was during this seemingly short-lived climax of the Counterculture and New Left that the Free Clinic Movement began, starting in the Haight Ashbury and quickly spreading to cities like Los Angeles and Seattle. Like other free clinics of the era, both the Haight Ashbury Free Medical Clinic and the Los Angeles Free Clinic drew from the ideas of the New Left and the Counterculture, incorporating them into their mission statements and their daily practices. In many ways, the clinics embodied the spirit of these movements, aligning with New Left politics and originally focusing on helping the very participants of the New Left and Counterculture.

The Free Clinic Movement emerged from both the Counterculture and the New Left, but distinguishing between these movements is often difficult. One could be a member of the Counterculture and also part of the politically active New Left or vice versa; membership was not exclusive to one group or the other. Rather, Weiss’s

¹⁴⁷ Ibid., 5-6.

depiction of the youth Counterculture as a diverse group is representative of both the 1960s Counterculture and the New Left as a whole. Both groups were fractious and divisive despite their apparent focus on community, teamwork, and cooperation. Although the traditional historiography presents the Counterculture and New Left as distinctive groups with separate ideologies, there was much overlap and fluidity between the two. In some areas, particularly in the realm of politics, it was often difficult to tell the two apart. In the case of the Free Clinic Movement, ideology was drawn from both groups, creating a hybrid of the New Left and the hippie philosophy of the Counterculture. The Free Clinic Movement emerged from these two larger political and socio-cultural movements, sparking the creation of a family of organizations that have lasted until the present day.

Tune In, Turn on, Drop Out: The Haight Ashbury in the Summer of Love

Throughout the 1960s, drug abuse appeared to be on the increase. Around 1955, heroin use was rising, especially among inner-city youths in New York and Los Angeles; with five years, “a heroin injection subculture had become institutionalized” in these cities as well.¹⁴⁸ After 1965, marijuana use was also growing across America. A survey by the National Commission on Marihuana and Drug Abuse completed in 1973 indicated 30% of high school seniors had used the drug in the previous twelve months, up from just

¹⁴⁸ Bruce D. Johnson, Terry Williams, Kojo A. Dei, and Harry Sanabria, “Drug Abuse in the Inner City: Impact on Hard-Drug Users and the Community,” in *Crime and Justice*, Volume 13 Drugs and Crime (1990), p 12.

5% in 1965.¹⁴⁹ The works of Timothy Leary and Ken Kesey popularized the use of LSD.¹⁵⁰ Parents watched their children with growing concern, while the media's sensational coverage of drug use exacerbated the public's fears. A field study from 1974 claims that "there was a highly *conspicuous* drug problem" in America's large cities, noting that actual demographics for drug abuse were not available; whatever the actual numbers were, however, the public perceived it as a problem.¹⁵¹

Drug use did not suddenly emerge in the 1960s, but it did become more visible, and more endemic. Drug abuse was not limited to illegal substances either. David Farber notes that "in 1965, some three thousand Americans died from overdoses of their legally prescribed drugs."¹⁵² In that same year, American doctors "wrote 123 million prescriptions for tranquilizers and 24 million prescriptions for amphetamines;" most of these drugs were taken by what many would consider members of the mainstream - typical, functional Americans - and not members of any counterculture.¹⁵³ Alcohol and tobacco also had a long history of legal use and abuse; David Farber explains that by 1960, nearly 80% of American men between the ages of 18 and 64 smoked tobacco.¹⁵⁴

¹⁴⁹ Ibid., 13.

¹⁵⁰ Raymond M. Glasscote, et al, *The Alternative Services: Their Role in Mental Health. A Field Study of Free Clinics, Runaway Houses, Counseling Centers, and the Like*. A Publication of the Joint Information Service of the American Psychiatric Association and the National Association for Mental Health. (Washington, D.C., 1975), 8.

¹⁵¹ Ibid., 10.

¹⁵² David Farber, "The Intoxicated State/Illegal Nation: Drugs in the Sixties Counterculture," in *Imagine Nation: The American Counterculture of the 1960s and '70s*. Edited by Peter Braunstein and Michael William Doyle (New York: Routledge, 2002), 20.

¹⁵³ Ibid., 19.

¹⁵⁴ Ibid., 20.

But drug use, including both LSD (D-Lysergic acid diethylamine) and marijuana, played a defining role in creating what became known as the 1960s Counterculture.

As the field of mental health grew in post-war America, so, too, did its obsession with legal and prescription drugs as a tool for curing mental illness and emotional disorders. Developed by a Swiss chemist in 1943, LSD made headway in the United States post-war, tested by both the government and licensed psychiatrists as a way to create altered mental states and to battle mental illness. In the early 1960s, LSD use was promoted by celebrities and authors such as Cary Grant and Aldous Huxley, yet by the late 1960s, LSD was associated primarily with the Counterculture and social degenerates.¹⁵⁵ While Timothy Leary ritualized its use, and Ken Kesey and his Merry Pranksters began their ‘Acid Tests,’ media attention to the drug grew, focusing on negative consequences of its use, including psychotic breaks, suicide, and long-term effects such as flashbacks.¹⁵⁶

By 1965, the Swiss pharmaceutical supplier of LSD, Sandoz, stopped manufacturing it, forcing Americans to turn to local producers who often cut the LSD with speed or other impure ingredients. The use of additives tended to increase the negative reactions to the drug, and popular opinion swayed towards making the drug illegal. The 1966 criminalization of possession and distribution of LSD also increased this problem of purity, and in some ways romanticized drug use and increased peer

¹⁵⁵ For a full account of this shift, see David Farber, “The Intoxicated State/Illegal Nation: Drugs in the Sixties Counterculture,” in *Imagine Nation: The American Counterculture of the 1960s and ‘70s*. Edited by Peter Braunstein and Michael William Doyle (New York: Routledge, 2002).

¹⁵⁶ Farber, *Imagine Nation*, 24-30.

pressure to use.¹⁵⁷ Gay and Smith suggest that “through a mixture of miseducation and our ever present puritanical reliance upon law, order, and punishment to legislate morality in medical situations, the individual drug user has come to be viewed (and, not coincidentally, to view himself) as a ‘criminal’ and not as a ‘patient.’”¹⁵⁸ The criminalization of LSD made everyone who used it - whether out of curiosity, for a spiritual experience, or simply to get high - a criminal. Farber suggests that now “the very act of dropping acid...was in and of itself a verification that one was a member of something called ‘the counterculture.’”¹⁵⁹

But participation in this Counterculture often came at a price. For those who chose alternative lifestyles, including drug use, health care was unavailable as “there were no substantial public funds to support services for these young people, [and] the services available to those who had messed up their health and their heads with the soft drugs were hit-or-miss. They were often unwelcome at traditional helping facilities, and clearly made to feel so.”¹⁶⁰ This type of discrimination mimicked earlier and ongoing problems of health care access. A survey by the Department of Health, Education, and Welfare noted that “large numbers of young people found out what minority people had known for years; that just as with many other institutions, there is a dual system of health

¹⁵⁷ George R. Gay and David E. Smith, “A Free Clinic Approach to Drug Abuse,” in *Preventative Medicine* 2 (1973), 544.

¹⁵⁸ Ibid.

¹⁵⁹ Farber, *Imagine Nation*, 34.

¹⁶⁰ Glasscote, et al. *The Alternate Services*, 11.

care – one for the rich and middle-class (overwhelmingly white), and one for everybody else!”¹⁶¹

Many members of the Counterculture actively chose not to access health care, but those who did were often turned away. A report from the National Clearinghouse for Drug Abuse Information notes that “hospital staff members found it difficult to deal with the long-haired, barefooted, unclean and unemployed youth. Additionally, although drug use was a major part of the hippie lifestyle, the problems associated with its use and treatment were almost unknown to the hospital staff.”¹⁶² One of the hippies interviewed by Lewis Yablonsky noted that hippies were, in essence, refugees:

They’re refugees not from physical oppression, man, but from the psychic oppression of American society. And they’re as depleted as any refugee can be from anywhere. And it’s pitiful and it’s tragic. It’s tragic that there can’t be a rehabilitation center for these people – run by hip people whom they would trust and respect. People who could take them through the process and truly into themselves.¹⁶³

It was clear that access to mainstream facilities was not equitable for those who chose to live outside the boundaries of mainstream society.

By 1967, California was considered the center of the Counterculture movement in America, as young people continued to migrate west. In January of 1967, San Francisco had a taste of what was to come as nearly 30,000 hippies gathered in the city’s Golden Gate Park to stage the first Human Be-In; many of them were tripping on LSD or high on

¹⁶¹ *A General Survey of Free Clinics as Alternatives to Existing Health Care Institutions*. Office of Youth Development, Department of Health, Education, and Welfare. (Washington, D.C., October 1972), 3.

¹⁶² “Free Clinics.” Report Series 27, No. 1, National Institute on Drug Abuse (DHEW/PHS) National Clearinghouse for Drug Abuse (Rockville, Maryland, March 1974), 3.

¹⁶³ As quoted in Yablonsky, 95.

marijuana.¹⁶⁴ The Be-In was a protest against the new laws passed in October 1966 in California that outlawed the use of LSD and it was the first time that so many of the youth culture had gathered in one place.¹⁶⁵ As the weather warmed, April brought with it Sleep-Ins in Golden Gate Park, gatherings which lasted throughout the afternoon and into the night. The Diggers posted notices for such events, telling people to bring “sleeping bags, blankets, bells, beads, cymbals, and thousands of other people.”¹⁶⁶ Mainstream society in San Francisco, including the leading politicians, found such gatherings to be frightening - a crisis in public safety and an almost incomprehensible collapse of law and order.

In mid-June, young people gathered for the Monterey Pop Festival in California to hear musicians like Jefferson Airplane, The Who, Janice Joplin, and Jimi Hendrix; many then trekked north to the City by the Bay. It was predicted that some 100,000 people would descend on San Francisco by the time June was over.¹⁶⁷ City leaders watched the situation closely and expressed concern over the growing populations of transients and drug users, draft-dodgers and flower children, free-lovers and freaks. People congregated in the Haight Ashbury District bordering Golden Gate Park; meanwhile, “the local bus company was requested to reroute its buses around the Haight district, and young people were prohibited from entering the park with a sleeping bag.”¹⁶⁸

¹⁶⁴ Sturges, 38.

¹⁶⁵ Weiss, 29.

¹⁶⁶ “Sleep In.” From the Diggers Online Archive, www.diggers.com. Accessed 11/23/2012.

¹⁶⁷ Sturges, 39.

¹⁶⁸ Weiss, 29.

Tenants of the Haight Ashbury District worried about sanitation and hygiene issues brought about by the influx of people, many of whom had no real place of residence in the city. Others expressed concern over the drug users, and wondered what to do with people experiencing bad trips. The hospitals and medical community had little experience or knowledge in this area. Many combated LSD by administering other drugs; an article from *The American Journal of Nursing* from 1971 questioned, “What kind of example the health team provides when it quickly introduces one drug in the place of another.”¹⁶⁹ Drugs such as Thorazine and Diazepam (valium) were hard sedatives and “their indiscriminate use [could] lead to respiratory or circulatory depression” resulting in death.¹⁷⁰ Drug users were hesitant to get any type of health care out of fear they would be handed over to the authorities or receive harsh treatment at the hands of the medical community. Runaways feared they would be returned to the custody of their parents.¹⁷¹ Diseases, infections, and injuries went untreated, particularly sexually transmitted diseases, respiratory infections, hepatitis, and other communicable diseases.¹⁷²

In early June, residents within the Haight Ashbury began to come together and plan. In one small apartment, “an information and referral service was set up...an emergency housing program was set up in a church basement; a home and counseling

¹⁶⁹ “Drug Crisis Intervention,” *The American Journal of Nursing*, Vol. 71, No. 9 (Sep. 1971), 1737.

¹⁷⁰ Ibid.

¹⁷¹ Free Clinics. Report Series 27, No. 1, page 3.

¹⁷² Ibid., 2.

center for runaways was created in an old house.”¹⁷³ And while many thought of the Summer of Love as a pleasant time to be in the Haight, the reality was quite different.

According to Dr. David Smith,

The Summer of Love was characterized both by the destruction of a district and by the suffering of thousands of people who turned its circus atmosphere into a horror show...Although they hoped to play with fellow flower children, they usually had to cope with hoodies and street spades who wanted to rob them, rape them or beat them up. Although they planned to be met by psychedelic welcome wagons, they were often either rolled on arrival or picked up by the police.¹⁷⁴

Those who stuck it out in the Haight were often sick, having been “introduced to chemicals far more powerful than those to which they were accustomed.”¹⁷⁵ Many simply had no place else to go; one resident summed it up, saying, “I don’t like the Haight, but I just can’t go home.”¹⁷⁶ For many participants in the Counterculture, options for help were severely limited by their lifestyle choices. Those groups that did offer aid, such as The Diggers, were hindered by a lack of organization or manpower as were many of the groups in the New Left.

¹⁷³ Weiss, 29.

¹⁷⁴ David E. Smith, M.D., and John Luce, *Love Needs Care: A History of San Francisco’s Haight-Ashbury Free Medical Clinic and its Pioneer Role in Treating Drug-Abuse Problems* (Boston: Little, Brown and Company, 1971), 151.

¹⁷⁵ *Ibid.*, 156.

¹⁷⁶ *Ibid.*, 292.

The Creation of the Haight Ashbury Free Medical Clinic

By the Summer of 1967, Dr. David E. Smith was “running the alcohol and drug abuse screening unit at San Francisco General and all these hippies started coming in so we went to the Health Department and said we needed a hippie clinic... because it was the Summer of Love. And they said, ‘No, we don't want that. It would just encourage them to come.’”¹⁷⁷ Smith saw the Counterculture as a very much underserved and under-represented segment of the population. They were unwanted and, worse still, turned away from traditional mainstream health care when they were a population clearly in need of treatment options. Smith also identified with the discrimination; his own family faced discrimination as Okies in California's Central Valley during the Great Depression and after.¹⁷⁸

A nurse named Florence Martin “told him about a medical facility in Watts she had worked in which had been established to meet the needs of poverty-stricken patients after the riots of 1965.”¹⁷⁹ Smith had no experience in social activism, but with financial backing from his friend Bill Conrich, who would help administrate the organization, Smith set in motion the plans for a similar health center in the Haight Ashbury. With a \$100 lecture fee and a \$500 donation from local Hamilton Methodist Church, Smith leased a medical office on Clayton Street with a plan to provide equitable health care for

¹⁷⁷ Smith interview.

¹⁷⁸ Ibid.

¹⁷⁹ Sturges, 40. The Watts center was one of the community health centers set up under Johnson's Great Society. See Chapter Two.

the duration of the summer, but no longer.¹⁸⁰ It was supposed to be a temporary organization, a stop-gap measure until things cooled down. At the same time, Smith viewed it as a return to “old-time, community-based medicine, consistent with our medical oath and ethics.”¹⁸¹ The Haight Ashbury Free Medical Clinic, the first of its kind in the country, opened its doors on June 7, 1967; fifty people were already in line.¹⁸² By the end of the first 24-hour period, over 250 clients had been seen.¹⁸³

The Haight Ashbury Free Medical Clinic worked to make itself a safe place for the youth of the Counterculture. The atmosphere was inviting, and patients enjoyed the lack of bureaucracy or red tape. Most of all they enjoyed the lack of judgment about any aspect of their lifestyle. One client of the Free Clinic expressed, “Man, you feel right at home and you don’t mind waiting. You really are treated with love. I once went to the county hospital with a physical problem and I was treated like a dog.”¹⁸⁴ In an early report done by the Clinic, they noted that 99% of their patients reported using marijuana; another 40% indicated they “had taken a pill one or more times and didn’t even know what the drug was.”¹⁸⁵ The Haight Ashbury Free Medical Clinic, like the other clinics to come, was created “out of acute need and sheer desperation...[they] were established, ad

¹⁸⁰ Smith interview.

¹⁸¹ Steve Heilig, MPH. “Local Heroes in Medicine: David Smith, Pioneering Community-Based Health Care” in *San Francisco Medicine*, Volume 82, Number 7 (September 2009), 15.

¹⁸² Sturges, 41.

¹⁸³ Smith and Luce, *Love Needs Care*, 159.

¹⁸⁴ As quoted in Yablonsky, 215.

¹⁸⁵ Gay and Smith, “A Free Clinic Approach to Drug Abuse,” 546.

hoc, to cope with an epidemic of youthful drug abuse and the health problems which accompany it.”¹⁸⁶

Problems abounded that first summer. Epidemics swept through the Haight Ashbury, including measles, which many of the Clinic volunteers also contracted, strep throat, mononucleosis, trench mouth, and a host of sexually transmitted infections, with gonorrhea and hepatitis at the forefront.¹⁸⁷ But much of what the Clinic did was drug counseling and talk-down services; in the early days the drug most commonly seen was LSD.¹⁸⁸ As patients experiencing 'bad trips' were brought in by their friends, Clinic volunteers would talk them through it, a method that involved no other drugs or sedatives as one would commonly receive in hospital. Clinic workers believed that restraining a patient on a bad trip and inserting intravenous catheters or nasogastric tubes could lead to a worsening of the LSD experience for the patient; the crowds and noises associated with a hospital emergency room could also intensify the experience.¹⁸⁹

The goal was to use naturally calming methods and to guide them through their LSD experience instead of using Thorazine to sedate them for the duration of their 'trip.' It was typically successful. Often the talk-down guides were volunteers who had personal experience with LSD and could relate well to the patients; many of the volunteers had once been patients themselves. Some had experienced their own bad trips

¹⁸⁶ Weiss, 24.

¹⁸⁷ Smith and Luce, *Love Needs Care*, 181-186.

¹⁸⁸ Smith interview. Within a year, however, the Clinic was dealing more and more with amphetamine use over LSD use as Methedrine and other amphetamines became the street drug of choice.

¹⁸⁹ Gay and Smith, “A Free Clinic Approach to Drug Abuse,” 547.

just days before and now, seeking to give back to the clinic, found themselves working as talk-down guides for others.

The Clinic's administration took a unique stance in handling drug use, believing that less invasive methods worked the best. In this way, the Clinic aligned its practices with the ideas of the hippie movement more generally. The administration noted, "We firmly believe...that 'thorazine' and other phenothiazines are almost always contraindicated [as] the LSD trip will be pharmacologically 'aborted,' and subconscious psychological material, trying to escape the realm of consciousness, will be subverted. This material may later reappear (in the form of flashbacks) and severe anxiety or even suicidal impulses may appear. So, with an adverse LSD reaction, be gentle, be rational, be sympathetic - *Do not* be overly clinical."¹⁹⁰ This was a new and unique way of dealing with drug users. Rather than treating the addiction, the Clinic functioned more as a talk-down center. This also meant that the Haight Ashbury Free Medical Clinic was not truly treating drug abuse, but rather simply managing patients having bad reactions. Once they came down, they were free to use again. In some ways, the lack of lasting intervention worked to exacerbate the already growing drug problem in the Haight Ashbury.

By 1968, as drug use in the area turned to harsher drugs like amphetamines, otherwise known as speed, the Clinic would turn more towards treatment and offer services to help get patients clean and sober. Whereas with LSD use treatment involved calm rooms and waiting out the trip, amphetamine use, and especially overdoses, required harsher and stronger treatment. While LSD was viewed as a drug with limited

¹⁹⁰ Ibid.

negative side effects, including addiction, amphetamines were highly addictive and their use often came with lasting repercussions. Amphetamine use suppresses the appetite, and prolonged use can result in malnutrition and increased susceptibility to communicable diseases.¹⁹¹ John Robert Howard notes, “Significantly, the agencies and facilities dealing with problems and disasters were still very much in evidence, while those which had expressed the *élan* and hope of the community either no longer existed, or were difficult to find.”¹⁹² By the summer of 1968, the Haight Ashbury was changing yet again, but the Free Clinic remained a strong and vital part of the community, even as the Haight Ashbury began to deteriorate.

The Clinic's early focus on drug use made it quite different from other forms of health care, including the community health centers opened under Johnson. Their emphasis on non-judgment was markedly unique among health care centers and very much a product of time and place. This philosophy strongly reflected many of the ideas of the hippies, which is not surprising given that hippies were among the patient base of the Clinic. Professor Stuart Loomis, the chief psychologist at the Haight-Ashbury Free Medical Clinic, remarked, “It gets worse every day... The Clinic is probably the only organization in this city that can exert a positive influence on these young people. We are nonjudgmental toward what the Establishment dismisses as deviance. We approach patients in their own environment and on their own terms. We respect their difficulties –

¹⁹¹ John Robert Howard, 49.

¹⁹² Ibid., 47.

and our services are free.”¹⁹³ This idea of non-judgment would become the hallmark of the Free Clinic Movement more broadly.

The Haight Ashbury Free Medical Clinic ran into problems quickly. Money was always an issue, and Smith remembers that the Clinic was “always delivering more services than we had the money for.”¹⁹⁴ Bill Graham, the already famous rock concert promoter and short-lived manager of Jefferson Airplane, became involved at the end of the summer of 1967 through his son and helped finance the Clinic with fundraising concerts. Since many prominent musicians already lived in the Haight, they tended to be supportive of the Clinic's efforts. Graham organized benefit concerts at Kezar Stadium and the Fillmore Auditorium to help fund the struggling enterprise, using the talents and draw of the Grateful Dead, Carlos Santana, Jefferson Airplane, Dr. Sunday's Medicine Show, and Janis Joplin.¹⁹⁵ Joplin herself was an occasional patient of the Clinic, once obtaining medical care there for a botched abortion she had received elsewhere.¹⁹⁶

The concerts helped bring some much-needed publicity to the Clinic, but the attention was not always positive. Smith relates that the media coverage and concerts drew the unwanted attention of his malpractice carrier who expressed concern over the type of people being treated at the Clinic. They told Smith they were unaware he was

¹⁹³ Smith and Luce, *Love Needs Care*, 34.

¹⁹⁴ Smith interview.

¹⁹⁵ Ibid. The funds raised by the concerts were not enough to keep the Clinic in business, however. It shut down on September 22, 1967. It reopened a week later thanks to donations and a benefit concert, but funding remained a constant problem.

¹⁹⁶ Ibid.

“treating those weirdos” and canceled Smith's malpractice insurance.¹⁹⁷ The Clinic continued to run, but the lack of malpractice coverage meant it was harder to obtain licensed doctors and nurses as volunteers. They were willing and eager to volunteer their time, but not at the risk of being sued or taken to court; such an event could result in the loss not only of money but in the loss of their medical licenses. While the patient base of the Haight Ashbury Free Medical Clinic tended to be non-litigious, it was not a risk that many medical staff were willing to take.¹⁹⁸ Eventually Smith went through the fairly progressive San Francisco Medical Society and obtained coverage through their malpractice carrier.¹⁹⁹ The incident highlights the problems inherent in working with the Counterculture, and demonstrates how mainstream society viewed them as second-class citizens. They remained a group that the Establishment did not want to touch. While the Clinic tried to maintain a role as a counterculture and alternative institution, it still relied on aspects of mainstream health care, such as malpractice insurance, in order to be a legitimate and licensed business.

¹⁹⁷ Ibid.

¹⁹⁸ Ibid.

¹⁹⁹ David E. Smith, “The National Free Clinic Movement: San Francisco Roots and the Involvement of the SFMS” in *San Francisco Medicine* (April 2011).

The People of the Haight Ashbury Free Medical Clinic

As the Free Clinic Movement grew, many people found themselves as active members, and many of them self-identified with the Counterculture movement or at least were sympathetic to it. The Clinic both served and was made up of people with alternative lifestyles. The Haight-Ashbury Free Medical Clinic, like all of the free clinics, relied heavily on volunteer efforts to maintain their services. One of the first volunteers to join was Peggy Sankot, a nurse from San Francisco General Hospital's cardiac ward. Unhappy with her job, she was on the verge of leaving the profession when she met Smith at the clinic in June of 1967.²⁰⁰ She volunteered her skills free of charge, and became "recognized by the press as 'the Florence Nightingale of the Haight-Ashbury.'"²⁰¹ Sankot eventually became head nurse and one of the few paid staff, receiving a salary of \$500 a month. Soon more nurses joined the clinic, and they became the first employees patients encountered. Smith recalls that the nurses took information, allowing patients to use aliases if they were frightened, and often touched the patients in a calm and reassuring manner.²⁰² It was a welcoming environment, especially for those who felt ostracized from mainstream American society.

At its inception, the patient base of the Clinic was young, mostly drug-using, and self-identified members of the hippie Counterculture. Some were runaways, but many were white, middle class teenagers. Many of the volunteers at the Haight Ashbury Free Medical Clinic began as patients who, after receiving care for free, wanted to pay the

²⁰⁰ Smith and Luce, *Love Needs Care*, 144-145.

²⁰¹ Ibid., 145.

²⁰² Ibid., 158.

clinic back somehow. Laurel Rowland entered the clinic in 1967 suffering from severe depression after months of dropping acid; having no place else to go, she volunteered seven days a week before becoming the night manager.²⁰³ Rowland recalled, “The Clinic gave me something other than drugs to believe in. It was the only bridge in the city between hip and straight worlds.”²⁰⁴ Judy St. Onge arrived in the Haight towards the end of the summer, and also became a patient at the clinic. By August, she was writing the clinic’s referrals and supervising the paramedical volunteers.²⁰⁵ Many of the patient/volunteers went on to obtain jobs in the mainstream health field, after gaining some training at the Clinic, and many carried with them the philosophy of non-judgment and equity in health care with them into their new careers.²⁰⁶ The Haight Ashbury Free Medical Clinic planted seeds of social activism that would be cultivated elsewhere.

The volunteer base of the Clinic was fairly diverse, representing the unique culture of the Haight Ashbury and the principles of the Counterculture more generally. A few of the doctors were younger but held radical beliefs about equality in health care, or self-identified with the Counterculture. But the Clinic drew older and more established practitioners, also, which helped lend a sense of legitimacy to the fledgling practice. Some volunteered “because they had children and they thought, ‘well, there but for the grace of God go I.’”²⁰⁷ There were senior physicians present as well, making the age

²⁰³ Ibid., 163.

²⁰⁴ Ibid.

²⁰⁵ Ibid., 231.

²⁰⁶ Smith interview.

²⁰⁷ Ibid.

range of the staff fairly wide ranging, from new and inexperienced graduates to retirees. Most of the staff shared liberal political beliefs, and tended to be anti-war, pro-civil rights, pro-gay rights, pro-feminism, and genuinely interested in helping what was considered an 'undesirable' segment of the population. Smith remembers that it was often a culture clash. Some doctors would volunteer once and never return, saying the Clinic was "just too, too far out."²⁰⁸ Others came and developed new ideas and perspectives simply from being around the climate of the Clinic.

It was an environment where everyone's input was taken into consideration and appreciated as part of the philosophy of acceptance and non-judgment that permeated the Movement in general. At the Haight Ashbury Free Medical Clinic,

...every kind of person had a voice in what we did and how we did it. We would post notices that we were having a Clinic meeting, a large group of people would show up. Half of them were stoned, and half of them never came a second time. But out of the group there were nurses, doctors, laboratory technicians, clinical psychologists - a huge reservoir of talent waiting to be turned on, a very large number of people who were quietly frustrated in their existing jobs and were waiting to be turned on by something else. And they did it all above and beyond the call of duty. We survived entirely on surplus energy.²⁰⁹

It was very different from a traditional medical establishment, in that patients and staff had a say in the organization and the daily running of the Clinic. Any ideas would be entertained and it was run more as a participatory democracy. It was also an extremely fraternal place, with much socializing occurring outside of the Clinic.²¹⁰ This kind of camaraderie made the long hours and low (or no) pay tolerable. Nearly all of the

²⁰⁸ Ibid.

²⁰⁹ Glasscote, et al. *The Alternate Services*, 189.

²¹⁰ Ibid., 193.

volunteer nurses and doctors had full-time jobs elsewhere, and the hours they worked at the Clinic were in addition to that.

The Haight Ashbury Free Medical Clinic was a site where the doctor/patient hierarchy blended together and became less pronounced. A 1971 article noted that “it is often impossible to tell the difference between the patients, the doctors and nurses, and the community volunteers...The waiting rooms resemble more of a social gathering than a clinical setting.”²¹¹ The doctors and nurses often wore street clothes, and some of the staff were barefoot.²¹² This atmosphere meant that patients were more willing to come to the Clinic than to government-run health centers or their private physicians. This was especially true for patients with possible venereal disease, who found the non-punitive atmosphere of the Clinic welcoming.

Conclusion

The Haight Ashbury Free Medical Clinic and the movement it helped create was very much a product of its time, as it drew from the ideas of the Counterculture to develop a new form of health care delivery. The clinics' emphasis on non-judgmental, non-punitive, and non-bureaucratic health care made it a unique and innovative option, as did its interest in emphasizing the humanity of its clients, including drug users and others whose lifestyle choices left them outside of mainstream society. As a result, the Haight

²¹¹ Robert J. Bazell, “Health Radicals: Medical Power to the People,” in *Science*, New Series, Volume 173, Number 3996 (August 6, 1971), 508.

²¹² Richard B. Seymour and David E. Smith, *The Haight Ashbury Free Medical Clinics: Still Free After All These Years, 1967-1987* (San Francisco: Partisan Press, 1986), 70.

Ashbury Free Medical Clinic was, and remains, at the forefront of drug addiction treatment services.

In many ways, the development of the Haight Ashbury Free Medical Clinic paralleled the changes taking place in both the Haight Ashbury neighborhood and in America more broadly. As the Counterculture grew in visibility, it also made visible the discrimination implicit in America's health care system. With the criminalization of LSD and the backlash against the Counterculture, young people found it increasingly difficult to obtain equitable access to legitimate health care options in the city. As the Haight Ashbury neighborhood, and people like David Smith, became radicalized by the new ideas of the Counterculture, changes began to occur in the form of groups like The Diggers and the Free Clinic.

The free clinics were a new way to think about health care delivery options, and they provided a space in which members of the Counterculture could feel safe, productive, and loved. The origins of the Free Clinic Movement, as seen in the Haight Ashbury Free Medical Clinic, were part of a shift in health care delivery, a system simultaneously rooted in the Counterculture and the established social welfare system. The Free Clinic Movement was thus a new beginning for health care for the medically indigent in America. And by 1971, free clinics were already moving away from the image of 'hippie clinics,' emphasizing instead their attempt to "deliver health services to people who are presently without them, people of all races, religions, ages and

backgrounds.”²¹³ Still, as we saw in Chapter Two, much of what the clinics believed in drew from earlier health care and social justice trends of the nineteenth and twentieth century, though they adapted ideas to fit their current needs. The ideas of providing equal access to quality health care for the poor was something seen in the settlement house movement, in the push towards health insurance, and in the establishment of public hospitals.

Drawing from ideas espoused by the Counterculture and earlier social reform movements, the free clinics helped to shake the medical paradigm and bring about changes in health care in America, which included non-punitive and non-judgmental health care, providing access to people from all walks of life and all socio-economic backgrounds. The clinics sought to humanize their patients, and to make visible the prevailing inequalities that prevented many from obtaining medical treatment. They acted as a bridge between mainstream and Counterculture America, between traditional and modern, between middle class and working poor, between ‘straights’ and ‘hips.’ They worked to alleviate the problems associated with urbanization and increasing drug use, and to provide a place to go for the disenfranchised youth of late 1960s San Francisco.

The Free Clinic Movement prompted a shift in health care delivery. It became a place where everyone was welcome, few questions asked. It shook up the traditional doctor/patient hierarchy, and was a site of great diversity. Patients were not only accepted for who they were, but they were invited to participate in the administration and

²¹³ “Symposium Proceedings.” In *The Free Clinic: A Community Approach to Health Care and Drug Abuse*, edited by David E. Smith, David J. Bentel, and Jerome L. Schwartz (Beloit, Wisconsin: Stash Press, 1971), 27.

daily operations of the free clinic, too. The foundation that the Haight Ashbury Free Medical Clinic established blossomed into a full-fledged social movement, and the effects of the clinic were far reaching. Both patients and staff took what they learned there and applied it to their future careers, and their future interactions with those who might be a bit different from themselves. David Smith notes, the “‘60s spirit is not dead completely. That’s the prevailing thing now, to say it’s dead, and nothing good came out of it...It’s not true. One thing that came out of it is a health care movement that a lot of people responded to and participated in.”²¹⁴

²¹⁴ Lisa Levitt, “Still Free After All These Years,” *Los Angeles Times*, April 15, 1984, p. 13.

CHAPTER 4

THE CREATION OF THE LOS ANGELES FREE CLINIC

We don't know what this is worth, but we have word from a number of usually trustworthy sources that next week The Man is going to try and nip Haight/Ashbury in the bud. One source says February 8th, Wednesday, is the day set for the annual superbust. Another source claims that the whole week, from the 5th to the 11th, is scheduled for a mass gestapo-like superroust--heads, vagrants, runaways, deviates, long hairs, bears, &c &c -- without recourse to the customary legal measures (warrants &c) whereby The Man is usually held in check. Consulted on this matter, the I Ching gave us hexagram 24, Return (The Turning Point), with no changes, the gist of which is: GET OUT OF TOWN. Come back after seven days. Don't deal. Stay clean. Maintain.

-“Storm Warning,” The Diggers²¹⁵

In early 1967 the Haight Ashbury neighborhood established itself as the center of the Counterculture scene in San Francisco. In mid-January, the Human Be-In brought scores of hippies to Golden Gate Park, just adjacent to the Haight Ashbury, for a general gathering of camaraderie, protest, and music. After the main event on January 14th, however, the crowds did not disperse but instead continued to grow. Many loitered in the Haight Ashbury neighborhood, awaiting the upcoming events of the “Summer of Love.” As the city's population swelled, officials worried over the repercussions, resulting in repeated raids on “hip” centers to flush out the growing numbers of transient and unwanted youths.

On February 3rd, 1967, the Diggers, a Counterculture group located in the Haight Ashbury, published a “Storm Warning” predicting that a police raid would come within the next week or two, and suggesting that locals skip town to avoid being busted. Two days later a “Second Notice” was posted in the Haight Ashbury noting that “it is now

²¹⁵ “Storm Warning.” Printed by the Communication Company, February 3, 1967. The Diggers Online Archive, www.diggers.org. Accessed 11/23/2012.

definite that The Man is planning to stage a festival of busts this week.”²¹⁶ The notice put forth the idea that the busts were intended to create police records for residents of the Haight Ashbury in order to monitor and control their behavior.²¹⁷ A police record would also prevent many from getting “square gigs,” or gainful employment in the future, resulting in destitution and the need to move elsewhere, out of San Francisco. The Diggers thus considered it to be a ploy by the San Francisco Police Department to coerce members of the increasingly vocal counterculture to leave the city. Local churches would be opening their doors, offering sanctuary from the persecution by the police, but the pressure was clearly on.²¹⁸ While the notice suggested that people consult the I Ching or the local Psychedelic Shop for advice on what to do, it also suggested “a trip to Los Angeles as an agreeable alternative to getting busted on Haight Street.”²¹⁹

The planned raids in San Francisco were perfectly timed; that same week a series of simultaneous Counterculture demonstrations were being coordinated nearly 400 miles to the south in Los Angeles. Organizers in Los Angeles hoped to gain some 1,000 protesters from the Bay Area to swell their ranks and make their marches more effective. The “Second Notice” proclaimed, “the coming demonstrations are to happen simultaneously in five different places: Venice, San Fernando, East L.A., Watts, and the Strip. Imagine: tens of thousands of teenagers, hippies, and other oppressed minority types, all protesting at once against The Man. L.A. doesn’t have enough cops for a circus

²¹⁶ “Second Notice.” Printed by the Communication Company, February 5, 1967. The Diggers Online Archive, www.diggers.org. Accessed 11/23/2012.

²¹⁷ Ibid.

²¹⁸ Ibid.

²¹⁹ Ibid.

like that, and amazing social reforms are expected to result. The whole thing is going to be covered by national TV – this being the biggest thing since Watts and all.”²²⁰

With the expected media coverage of the demonstrations, it was important to have protestors show up en masse to help create a bigger impact on the general public and local politicians. As the pressure increased in the Haight Ashbury, this protest opportunity in Los Angeles likely seemed an ideal alternative to getting busted in San Francisco. The protests in Los Angeles promised both free housing and food, along with access to attorneys and bail bondsmen for those who might get arrested.²²¹ Musicians and their bands were especially welcome, and were asked to bring their generators; the media coverage of the demonstrations gave hope that such bands might be shown playing on national television and boost their fan base. The event promised a party-like atmosphere, a welcome change from the continued raids in the Haight Ashbury.

Los Angeles was, like San Francisco, a prime location for both Counterculture and New Left activity.²²² Historian David McBride suggests Los Angeles was as popular a destination for hippies, as much as San Francisco and New York City.²²³ In Los Angeles, enclaves such as Venice, Laurel Canyon, Hollywood, and the Sunset Strip lent themselves to youthful artists, musicians, and others who embraced the “hip” lifestyle.

²²⁰ Ibid.

²²¹ “An Invitation to You.” Printed by the Communication Company, Undated. The Diggers Online Archive, www.diggers.org. Accessed 11/23/2012.

²²² In recent years historians have worked to rectify this underrepresentation of Los Angeles in the historical literature. The volume of work on Los Angeles in the 1960s continues to grow, though the city’s place within the counterculture is still marginalized in the literature in comparison to San Francisco which is, in the public mind at least, the epicenter of the counterculture and hippie movements.

²²³ David McBride, “Death City Radicals: The Counterculture in Los Angeles” in *The New Left Revisited*. Edited by John McMillian and Paul Buhle (Philadelphia: Temple University Press, 2003), 112.

By the beginning of 1967 the call to move south was strong, and thousands certainly followed it, bringing with them the ideas of the New Left and adding to the growing number of leftist radicals in Los Angeles.²²⁴ Historians and authors have focused much of their research on the Counterculture music scene in Los Angeles, including groups such as The Byrds, Buffalo Springfield, and Frank Zappa and the Mothers of Invention, all of whom made their homes in the hills of Los Angeles in the 1960s, or on the racial climate of Los Angeles leading up to the Watts Riots of 1965. Overall, the Counterculture and more politically-based New Left flourished in Los Angeles, though it has been neglected in the city's historiography, and often eclipsed by the more visible Counterculture activity in San Francisco.

In Los Angeles' sprawling metropolis, social activists worked to create new policies, new paradigms, and new organizations, including the city's free clinics. The very first of these was located in the Fairfax District in 1967, and eventually incorporated as the Los Angeles Free Clinic. Los Angeles' history of Progressivism and, later, leftist activity, made it a prime location for one of the early free clinics in the United States. This chapter explores the creation and organization of the Los Angeles Free Clinic, including its historical roots in these older social and political movements in the city. In spite of a tumultuous start, the clinic survived, emerging as a center aimed at providing legal, safe, and equitable services to both the members of the Counterculture and the public at large. As the clinic grew, it sought to avoid the institutionalism represented by mainstream Establishment health care centers, while still maintaining a sense of

²²⁴ Ibid., 112-3. McBride estimates that nearly a hundred thousand hippies were in Los Angeles by 1967.

organization and legitimacy. The clinic faced large challenges, including money and supplies, and depended on the community for support. As the clinic became, in a sense, an anti-Establishment establishment, it embraced the tenets of the Counterculture lifestyle, gaining a reputation in the Fairfax neighborhood as “the hippie clinic.”

Los Angeles: Progressive Roots and Leftist Activism

Los Angeles’ sudden population increase in the early to mid-twentieth century meant that it dealt with the problems associated with urban growth a bit later than the cities of the East Coast. Los Angeles’ explosive expansion during the Progressive Era enabled it to truly utilize social reform and health care initiatives such as public hospitals and settlement houses early in its period of massive population gain. This meant that these types of organizations were an integrated part of the city’s institutions. As on the East Coast, urbanization meant that Los Angeles needed to provide aspects of public health care to provide for its citizens.

During the Progressive era, Los Angeles was a region of expansive growth, thanks in part to its sunny climate and a dedicated group of boosters who promoted the city’s image. In 1900, Los Angeles County had a scant 170,298 residents; by 1930 that number had grown nearly thirteen-fold to 2,208,492 residents.²²⁵ The population of the county grew by nearly 1.3 million people in the decade of the 1920s alone.²²⁶ The city of Los Angeles proper grew from 11,183 residents in 1880 to over one million by 1930,

²²⁵ California: Population of Counties by Decennial Census, 1900-1990. Compiled and edited by Richard L. Forstall, Population Division, US Bureau of the Census, Washington, DC Accessed online at <http://www.census.gov/population/cencounts/ca190090.txt> on 08/05/15.

²²⁶ Ibid.

making it the fifth largest city by population in the United States.²²⁷ As its population and industry expanded, so, too, did the problems of urban life and Los Angeles faced similar issues as eastern cities. It is not surprising that, as historian Jennifer Koslow notes, Los Angeles often led the way in reform during the Progressive Era. This included adopting political measures such as the referendum, initiative, recall, and woman suffrage, as well as more social control measures such as outlawing vice and liquor, and pro-eugenics legislation which allowed for government intervention and control regarding human bodies and reproductive cycles.²²⁸

While Los Angeles was the vanguard in some areas, it also borrowed ideas from the East Coast and implemented them in the city. In 1894, a group of socially progressive women in Los Angeles formed the Los Angeles College Settlement Association (LACSA) after a visit and lecture from Hull House founder Jane Addams.²²⁹ Jennifer Koslow's work notes how LACSA used its influence to promote municipal reforms, particularly with regard to health care, including venereal diseases, and infant wellness. As we saw in Chapter Two, both the settlement house movement and the legislation for child and maternal wellness provided foundations for the Free Clinic Movement, still decades in the future.

Even by 1915, Los Angeles still lacked any public clinics, and the destitute who could not afford to see a private doctor were forced to use the county hospital, run by the

²²⁷ Jennifer Lisa Koslow, *Cultivating Health: Los Angeles Women and Public Health Reform* (New Brunswick, New Jersey: Rutgers University Press, 2009), 4.

²²⁸ *Ibid.*, 3.

²²⁹ *Ibid.*, 7.

Charities Department.²³⁰ In 1919, with the city's population growing exponentially, the Los Angeles County Department of Health began to create local public clinics to service the communities.²³¹ The twelve county clinics functioned as outpatient health centers, alleviating some of the strain on the county hospital. Natalia Molina notes that within a few years, the county hospital was deliberately sending patients to the county clinics for treatment.²³² Later in the twentieth century, this process would be replicated as the free clinics eased the patient load at the county health centers.

Los Angeles was home to a large number of Jewish immigrants, many of whom ascribed to the politics of the Old Left and had children who participated in the movements of the New Left. Many settled in the Jewish enclave of the Fairfax District, the future home of the Los Angeles Free Clinic. Laura Pulido suggests that "Although there are no reliable figures, Jews composed a disproportionate number of civil rights, New Left, and New Communist movement activists."²³³ She views this as possibly a product of their increased urbanization and consequent exposure to socialist and communist ideologies in the cities of Europe.²³⁴ As a result, "a progressive Jewish tradition served to politicize many members of the white left" and led to increased

²³⁰ Natalia Molina, *Fit to be Citizens?: Public Health and Race in Los Angeles, 1879-1939* (Berkeley: University of California Press, 2006), 53.

²³¹ *Ibid.*, 82.

²³² *Ibid.*, 89.

²³³ Laura Pulido, *Black, Brown, Yellow, and Left: Radical Activism in Los Angeles* (Berkeley: University of California Press, 2006), 64.

²³⁴ *Ibid.*, 65.

participation in left activism throughout the twentieth century.²³⁵ This leftist politicization may at least partially explain the development and success of the LAFC, since it emerged in a neighborhood that provided more support than conflict or disagreement. While nearly every person interviewed for this dissertation denied religion playing a major role in the creation of the free clinic, it is harder to dismiss the left-leaning politics of the area as a factor in the clinic's development.

According to historian David McBride, "the familiar argument that the Counterculture and the New Left were distinct entities (at least before New Leftists succumbed to the pleasures of pot, free love, and acid rock) cannot hold when applied to the admittedly unique Los Angeles region."²³⁶ Instead, the Counterculture and New Left blended together, blurring the lines between lifestyle and political activism. As such, the Counterculture played out in more subtle ways in Los Angeles than in San Francisco, where the Counterculture was more clearly delineated in the Haight Ashbury. McBride also suggests that "historically, Los Angeles - unlike San Francisco, famously - did not possess much of a historical legacy of leftist radicalism, except for a few episodes."²³⁷ Los Angeles and its surrounding metropolitan areas, such as Orange County, were more known for their conservative right-wing politics, spawning the political careers of both Richard Nixon and Ronald Reagan.

McBride notes that, like Los Angeles itself, the city's hippie enclaves were spread out, and included areas such as Hollywood, Venice Beach, and the Sunset Strip which, by

²³⁵ Ibid.

²³⁶ McBride, 111.

²³⁷ Ibid.

1966, had emerged as one of the prime “hip” destinations in Los Angeles.²³⁸ Most of these had been “hip” enclaves since the 1950s, attracting members of the earlier Counterculture movement, the Beats, to Los Angeles. Los Angeles was also home to a branch of Students for a Democratic Society (SDS), and the local universities saw occasional flare-ups of New Left activity.²³⁹ Still, the very sprawl that made Los Angeles unique threatened its sense of community. Theodore Roszak noted, “There is perhaps no modern city where the sense of community is so dissipated as in Los Angeles... [it] is a case study in social disorganization... where the bonds of community life have grown hopelessly slack.”²⁴⁰

Los Angeles was also unique in the way its New Left political activists mingled and merged with the members of the Counterculture. Here, McBride suggests, the already vague demarcations between hippie and New Leftist were blurred even further, as both supported the same political causes and often lived in the same neighborhoods.²⁴¹ In this sense, the vast sprawl of the city worked in the favor of activists, as people in the neighborhood enclaves tended to form tighter bonds of community. While Los Angeles as a whole might have appeared, and even been, too fragmented for groups to unite, at the local neighborhood level, that sense of unity was easier to find, in spite of (or perhaps aided by) the diversity of the city itself. This proved true during the 1966 riots on the Sunset Strip, in which an incredibly diverse group of people protested the city’s attempts

²³⁸ Ibid., 114, 115.

²³⁹ McBride, 112.

²⁴⁰ As quoted in David McBride, 111-112.

²⁴¹ McBride, 113.

to quell the youth hip scene on the Strip, as well as in the anti-Vietnam demonstrations in Century City in June of 1967.²⁴² It also appeared at the Los Angeles Free Clinic, which blurred the lines between the socio-culturally-oriented Counterculture and the politically-oriented New Left, combining both in its health care activism and anti-Establishment ideologies.

As in San Francisco, Los Angeles suffered from the effects of increased drug use throughout the 1950s and 1960s. In March 1960, the Elks in Los Angeles “began a State-wide campaign for stricter narcotics laws and since then the County of Los Angeles has called vigorously for stricter narcotics control both at the State and National levels.”²⁴³ Los Angeles County Supervisor Kenneth Hahn joined the White House Conference on Narcotics in September 1962, bringing attention to the problems of drug use and trafficking in the city.²⁴⁴ He noted that in one weekend in July 1964, seven people in Los Angeles County died from the use of illegal dope, suggesting a continued need to stop narcotics trafficking in the city.²⁴⁵ Hahn stated, “The illicit traffic in narcotics is California’s number one crime problem. It is a tragic social cancer which must be

²⁴² Ibid., 117, 119. One can note that the Sunset Strip is located only about three miles from the Fairfax District, where the Los Angeles Free Clinic was just starting up. This proximity to the hip center of Los Angeles would play a role in the development of the Clinic, as many of the clients they served were regulars on the Sunset Strip.

²⁴³ “Motion by Supervisor Kenneth Hahn. Syn No. 174, July 28, 1964.” Kenneth Hahn Papers 154. Box 30 (1a, 1b, 1c, 2a, 2b, 2c). Health Services. Correspondence, 1953-1964. Folder 1.24.1 Narcotics. The Huntington Library, San Marino, California.

²⁴⁴ “Hahn’s Narcotics Motion Backed By Johnson. *Wilshire Press*. December 19, 1962.” Kenneth Hahn Papers 154. Box 30 (1a, 1b, 1c, 2a, 2b, 2c). Health Services. Correspondence, 1953-1964. Folder 1.24.1 Narcotics. The Huntington Library, San Marino, California.

²⁴⁵ “Motion by Supervisor Kenneth Hahn. Syn No. 174, July 28, 1964.”

beaten.”²⁴⁶ Supervisor Hahn also suggested a direct link between crime and drugs, as those addicted to illegal substances use crime (robbery, burglary, prostitution) as a means to obtain money to continue their addiction.²⁴⁷

The Eisenhower, Kennedy, and Johnson Administrations all began efforts to stem the flow of drug trafficking, primarily from Mexico, and alleviate the growing drug problem in America.²⁴⁸ Hahn urged the Board of Supervisors to send two representatives from the Los Angeles County Narcotics and Dangerous Drugs Commission to attend the Senate Investigations Sub-Committee in Washington, D.C., which had recently convened to discuss the problems of drug trafficking and drug use. Hahn’s motion before the Board of Supervisors demonstrates the ongoing fear, particularly in Southern California, of drug use and abuse. Even before the more visible emergence of “drug culture” associated with marijuana and LSD as seen in the later 1960s, leadership in the city was aware of the drug problem and was preparing alternatives for stemming the flow of drugs from the south. In March 1963, Hahn’s wish came true, as a joint resolution was presented in the Senate, asking the President to set up a commission, along with the Mexican government, “to investigate the flow of marihuana, narcotic drugs, and

²⁴⁶ “Hahn’s Narcotics Motion Backed By Johnson. *Wilshire Press*. December 19, 1962.”

²⁴⁷ “Motion by Supervisor Kenneth Hahn. Syn No. 174, July 28, 1964.”

²⁴⁸ *Ibid.*

dangerous drugs between the United States and Mexico.”²⁴⁹ The same measure was presented in the House in October of 1965.²⁵⁰

The growing concern over prescription pharmaceuticals can be seen in Los Angeles in the introduction of a 14-point program aimed at more extensive and comprehensive drug laws. In April of 1964, the Los Angeles County Board of Supervisors approved the measure, which included requiring “triplicate prescriptions for all dangerous, habit-forming or addicting drugs and more severe penalties for violators,” along with “more severe penalties for possession, transportation, sale or furnishing to minors.”²⁵¹ At the same time, the Chief Deputy Los Angeles District Attorney, Manley J. Bowler, wrote a letter to Governor Edmund G. “Pat” Brown outlining the problems facing the current narcotics programs in the city of Los Angeles and the state of California, calling it a “dire emergency” and noting the need for immediate change.²⁵² Part of Brown’s legislative agenda in 1961 was adopting a program for the treatment and

²⁴⁹ “Senate Joint Resolution 6, 88th Congress, 1st Session. March 28, 1963.” Kenneth Hahn Papers 154. Box 30 (1a, 1b, 1c, 2a, 2b, 2c). Health Services. Correspondence, 1953-1964. Folder 1.24.1 Narcotics. The Huntington Library, San Marino, California.

²⁵⁰ “House Joint Resolution 780 88th Congress, 1st Session. October 22, 1963.” Kenneth Hahn Papers 154. Box 30 (1a, 1b, 1c, 2a, 2b, 2c). Health Services. Correspondence, 1953-1964. Folder 1.24.1 Narcotics. The Huntington Library, San Marino, California.

²⁵¹ *Los Angeles Herald-Examiner*. “14-Point L.A. Plan for War on Dope.” April 28, 1964, p. A3. Kenneth Hahn Papers 154. Box 30 (1a, 1b, 1c, 2a, 2b, 2c). Health Services. Correspondence, 1953-1964. Folder 1.24.1 Narcotics. The Huntington Library, San Marino, California.

²⁵² “Letter from Manley J. Bowler to Edmund G. ‘Pat’ Brown, April 13, 1964.” Kenneth Hahn Papers 154. Box 30 (1a, 1b, 1c, 2a, 2b, 2c). Health Services. Correspondence, 1953-1964. Folder 1.24.1 Narcotics. The Huntington Library, San Marino, California.

rehabilitation of narcotic addicts, and recognition that addiction was an illness that should be medically and psychologically treated as such.²⁵³

By 1964, this program was waning, despite rulings by both the California Supreme Court and the United States Supreme Court rejecting the criminality of addiction and embracing the idea of narcotic addiction as illness.²⁵⁴ Bowler noted that this failure was because the law is not successful in apprehending and committing addicts to the program.²⁵⁵ He provided evidence, noting “the fact that the California Rehabilitation Center at Corona has row after row of empty beds - about a thousand of them - and, meanwhile, thousands of addicts are on the streets committing crimes against property and addicting others. The program is failing in its objective of getting the addicts off the street and quarantining them for treatment.”²⁵⁶ Bowler claimed that one problem with the program is that the law continues to treat addicts as criminals to be punished instead of individuals suffering from an illness that can and should be treated.²⁵⁷ This stigmatization of drug users and the rejection of treatment centers added to the drug crisis in Los Angeles, as in other major metropolitan centers of the United States. The influx of people fleeing raids in San Francisco, the Leftist activism, and the existing though neglected public health projects all made Los Angeles an ideal location for the creation of a free clinic.

²⁵³ Ibid.

²⁵⁴ Ibid.

²⁵⁵ Ibid.

²⁵⁶ Ibid.

²⁵⁷ Ibid.

“All Lies:” The Origins of the Los Angeles Free Clinic

Early on the morning of November 22, 1967, Murray Korngold and Barry Liebowitz waited outside the doors of the Albert Schweitzer Memorial Clinic in Los Angeles, California. It was the day before Thanksgiving and the two had been volunteering there for weeks, providing free medical and psychological services to the disadvantaged of the local community. This day, however, they were not there to volunteer or to give thanks, but to shut the clinic down. They met up with a parole officer and entered the premises, placing the head of the clinic, John Duke, under arrest. The 31-year old went without a fight, while Liebowitz and Korngold pondered their next move.²⁵⁸ After a mere three weeks, Los Angeles’ experiment in free medical care was gone, its doors closed. Yet the clinic would persist, experiencing a renaissance, a rebirth, just in time for the new year. With the tragedies and chaos of 1968 still ahead, the Los Angeles Free Clinic rose like a phoenix from the ashes of the Albert Schweitzer Memorial Clinic, promising a place of refuge for those in need.

The Los Angeles Free Clinic formed in the early fall of 1967, developing almost concurrently with the Haight Ashbury Free Medical Clinic.²⁵⁹ While Dr. David E. Smith formed the Haight Ashbury clinic due to a city-wide health crisis and in response to tremendous existing need in the local community, the Los Angeles Free Clinic was founded on a fraud. John Duke and Leonard Malcolm, two self-proclaimed psychology

²⁵⁸ Noel Greenwood, “Co-Directors Told to Leave. Pair Called Imposters; Hippie Clinic Closed,” *Los Angeles Times*, November 23, 1967, p. 3.

²⁵⁹ The Open Door Clinic in Seattle was also founded around roughly the same time. It was located near the University of Washington and similarly catered to members of the counterculture, to students, and to drug users. The Haight Ashbury Free Medical Clinic, the Open Door Clinic (Seattle), St. Anthony Free Clinic (a religious-based clinic in San Francisco), and the Los Angeles Free Clinic have all made (disputed) claims as the oldest or longest-lasting free clinics in America.

Ph.D.s, started the Albert Schweitzer Memorial Clinic in a former dental suite near the intersection of Santa Monica Boulevard and Fairfax Avenue in the Fairfax District of Los Angeles.²⁶⁰ In mid November 1967, the pair and their innovative health center received media attention in the *Los Angeles Times* and the *Los Angeles Free Press*, both of which ran a short article outlining the center and requesting donations and volunteers.

The *Los Angeles Times* article, by staff writer Noel Greenwood, was a seemingly positive take on what Duke and Malcolm were attempting. Duke and Malcolm felt “their clinic is an answer to complaints that the medical profession tends to neglect physically or mentally ill persons who can’t afford treatment.”²⁶¹ The clinic was open noon to 10pm each day except Tuesday, and focused on venereal diseases, psychological care, and ‘bummers’ or bad trips from LSD use.²⁶² While the majority of the patients were white, middle-class, and young, the clinic also claimed to see elderly and indigent patients ranging from Venice to Skid Row in downtown Los Angeles.²⁶³ Evening clinics could see between 70 and 100 patients, with an estimated 25% of them there for complications related to drug addiction.²⁶⁴

Malcolm and Duke also desired to provide ongoing care, including family counseling to help kids relate to the parents (and vice versa), and to place runaways with

²⁶⁰ The Fairfax District is located north of downtown Los Angeles, at the base of the Hollywood Hills. It is bordered by Hancock Park, Hollywood, West Hollywood, and Beverly Hills. It is a middle-to-upper class neighborhood, and historically is the center of Los Angeles’ Jewish community.

²⁶¹ Noel Greenwood, “Hip Cult Research Chips at Disease: Youths on ‘Trips’ Stop Off at Free Clinic,” *Los Angeles Times*, November 19, 1967, p. WS1.

²⁶² Ibid.

²⁶³ Ibid.

²⁶⁴ Ibid.

temporary families who could care for them. As Malcolm noted, “They don’t like living on the street...Nobody wants to go hungry...these kids don’t want to be dirty...that’s another myth. They’re dirty because there are no facilities for them.”²⁶⁵ The response to the article was immediate and the clinic soon gained a small following of clients and volunteer staff. Among those called to volunteer were psychologist Murray Korngold, pediatrician Barry Liebowitz, and lawyer Phil Deitch.²⁶⁶

Korngold, Liebowitz, and Deitch each responded independently to the ads in the papers; none had met each other before. At the time, Korngold ran a private practice and worked as an associate professor at California State University, Los Angeles (then known as California State College, Los Angeles); Liebowitz worked full time as a pediatrician at Kaiser Permanente in the San Fernando Valley, and Deitch worked at a legal firm in Los Angeles.²⁶⁷ None had any real or lengthy experience in social work or social activism, but they all felt that the clinic sounded like an interesting idea and a great way to provide a positive impact in the community. They found themselves drawn to the ideas the free clinic espoused: equal access to health care in a judgment-free, bureaucracy-free, and cost-free setting. Like others who came to the clinic in these first few weeks, they were unaware of the shady credentials of Malcolm and Duke, nor of the shaky foundation on which the clinic was being built. None had aspirations of running a health center, or

²⁶⁵ Ibid.

²⁶⁶ Murray Korngold, interview by author, San Francisco, California, January 28, 2013.

²⁶⁷ Barry Liebowitz, interview by author, New York City, New York, October 23, 2012; Korngold interview.

devoting too much time to it, but the unconventional organization just seemed like an interesting and worthwhile place to volunteer for the moment.

As fate would have it, the original media coverage on Malcolm and Duke was their downfall – the newspaper articles were seen by a former cellmate who recognized Duke’s photograph and called the *Los Angeles Times*. He hinted that Duke was not who he claimed to be; the phone call sparked an investigation into both Duke and Malcolm’s past. In late November, 1967, just three weeks after the Albert Schweitzer Memorial Clinic opened for business, Murray Korngold received a late night phone call from journalist Noel Greenwood at the *Los Angeles Times*. Greenwood told a disturbing story of drugs, sex, and lies. He claimed “that these guys, John Duke, Leonard Malcolm, are not Ph.D.s, that they’re lying their heads off, they’re peddling dope, fucking young girls who come in for treatment, stuff like that. Very nasty stuff.”²⁶⁸ In his interview with me, and whether out of prescience of mind or the benefit of hindsight, Korngold noted that he had suspicions of the two from the very beginning. He claimed that “you could sort of intuit that there were nasty things happening that you couldn’t see immediately but you knew, in fact, that it was there.”²⁶⁹ Barry Liebowitz, in an article printed just days after the affair, seemed less astute, noting, “We absolutely had no suspicions of them. Their knowledge of many psychological problems was polished to a fine degree. They did quite a bit of research before they presented any ideas.”²⁷⁰

²⁶⁸ Korngold interview.

²⁶⁹ Ibid.

²⁷⁰ Noel Greenwood, “Co-Directors Told to Leave. Pair Called Imposters; Hippie Clinic Closed,” *Los Angeles Times*, November 23, 1967, p. 3.

Whether Duke and Malcolm were legitimately trying to run a free clinic and simply misrepresented themselves in the process, or whether the clinic was a front for a con-job, is difficult to ascertain. They did outright lie about their qualifications, including their education and certifications, but they also did establish a working medical facility, bringing on some 50 volunteers including doctors, lawyers, psychologists. They seemed to have everyone fooled.

In yet another twist, Greenwood told Korngold that one of his psychology graduate students at California State University, Los Angeles (CSULA) was John Duke's parole officer.²⁷¹ Greenwood warned Korngold that as a result of the *Times*' investigation, the Los Angeles Police Department was nearly ready to make an arrest and other law enforcement groups were being called in; not only was the clinic supposedly dealing in illegal drugs, but Duke was also on parole for grand theft auto, forgery, and check fraud.²⁷² Neither Duke nor Malcolm were actually Ph.D.s in clinical psychology as they had claimed. The entire clinic was a front for a poorly planned but massive con operation. The suggested reasons for the con varied; Korngold believed that Duke and Malcolm intended to steal the donations and then run away to Mexico.²⁷³

The *Los Angeles Times*' version, authored by Noel Greenwood, was more favorable to the pair, suggesting that their intentions were altruistic but their methods

²⁷¹ Ibid.

²⁷² Korngold interview; Noel Greenwood, "Co-Directors Told to Leave. Pair Called Imposters; Hippie Clinic Closed," *Los Angeles Times*, November 23, 1967, p. 3.

²⁷³ Korngold interview.

lacking.²⁷⁴ As Murray Korngold remembers, “It was all lies. But at the same time it was a great idea!”²⁷⁵ Duke and Malcolm’s masquerade fooled many people, including members of the Governor’s Advisory Committee on Children and Youth.²⁷⁶ An article by Noel Greenwood noted, “The operation of the clinic itself was professional enough to rate approval from a juvenile officer in the Wilshire Division of the Los Angeles Police Department who was queried about the clinic before Duke and Malcolm were ousted. Respected medical figures worked as volunteers at the clinic, including the office administrator for the blue-ribbon County Psychological Association.”²⁷⁷

The repercussions came on November 22, 1967, when John Duke was arrested for his parole violation and Leonard Malcolm fled the city.²⁷⁸ Duke’s arrest happened quietly. Korngold and his parole officer student approached Duke in the early morning hours and he was peacefully apprehended and sent to the county jail. Duke’s name reappeared in the *Los Angeles Times* a year later, as he sued the State of California for one million dollars. His suit, made from his cell at Soledad Prison, claimed wrongful imprisonment for his parole violation. Duke also wanted control of the clinic to be

²⁷⁴ Noel Greenwood, “Co-Directors Told to Leave. Pair Called Imposters; Hippie Clinic Closed.” In his interview, Korngold implied that Greenwood wrote a favorable account of the clinic’s closing to help mitigate the damages Duke and Malcolm had wrought. Greenwood was also the one who originally alerted Korngold to the fraudulent nature of the pair.

²⁷⁵ Ibid.

²⁷⁶ Ibid. It is difficult to say what exactly Duke and Malcolm were doing and what their intentions were. The clinic was not bringing in much money, so it seems unlikely they started it for financial gain. Why they lied about their credentials is unclear, but both expressed regret over the situation, and had felt they were doing good in the city. It is unknown what became of them after the incident.

²⁷⁷ Noel Greenwood, “Free Clinic on Fairfax Picking Up the Pieces,” *Los Angeles Times*, December 3, 1967, p. WS1.

²⁷⁸ Ibid.

returned to him when he finished his prison sentence. The suit was, unsurprisingly, not successful.²⁷⁹ Malcolm expressed regret over the falsification of credentials, saying, “I enjoyed working with the kids. I wished this had not happened and I am sorry it did. I feel I was an effective worker.”²⁸⁰

The clinic faltered, but did not die. Just after Thanksgiving, following the arrests of its leadership, the clinic closed its doors, at least temporarily while volunteers struggled to make a plan. Instead, Liebowitz, Korngold, and Deitch took the helm since the only other real option was letting the clinic dissolve completely.²⁸¹ Resolving to maintain the idea of the clinic but within a proper legal framework, they worked quickly to keep the clinic afloat. Patients already relied on the small practice and none had been aware of its fraudulent nature. It was clear that there was a need for such an organization, and now the burden fell to a group of strangers to hold it together. The volunteers created a six-person steering committee to make decisions regarding the re-organization of the clinic. Liebowitz and Deitch unofficially headed the committee, with Deitch providing the legal counsel for forming a non-profit and becoming a legally incorporated organization.

²⁷⁹ See Noel Greenwood, “One of a Kind Medical Facility Never Gives its Patients a Bill,” *Los Angeles Times*, June 29, 1969.

²⁸⁰ Noel Greenwood, “Co-Directors Told to Leave: Pair Called Imposters; Hippie Clinic Closed.”

²⁸¹ In his interview, Korngold describes his feelings on how he became part of the leadership of the LAFC. He compares it to a scene from Charlie Chaplin’s *Modern Times*, where he picks up a red flag that has fallen off a truck, and inadvertently ends up leading a Communist parade. Korngold says he felt similarly: accidentally falling into the position and winding up at the forefront of a revolutionary mass movement.

Liebowitz, Korngold, and Deitch were each taking a risk with their actions. Deitch remembers that the decision to keep it running “was nutty.”²⁸² They all worked full-time jobs in their own professions and they all knew that running the clinic would add to their already packed schedules. None of them had any experience in social activism, fundraising, or building a non-profit; there was no guarantee of success. Their professional reputations were on the line, but they were able to work together to try to maintain a project that they viewed as worthwhile and necessary for the welfare of the community.

Despite the negativity surrounding the origins of the clinic, most of the volunteers opted to stay. Liebowitz, who was already donating 35 hours of his time a week, remained with the clinic because he felt “the idea of the clinic is essential.”²⁸³ Korngold said he stayed “because I need to. There’s a crying need on the part of a lot of these young people for the help that some of us can give. And I, and people like me, have a need to be where the problem is.”²⁸⁴ By early December, there were 18 doctors and five clinical psychologists working under Liebowitz and Korngold who all “share[d] in common a certain anguish at turning away anybody who is in trouble.”²⁸⁵

The media attention surrounding the event brought in new volunteers, too, who also sought to make the clinic work. *Los Angeles Times* writer Noel Greenwood suggested that “for that doctor or psychologist, the motive is often a dual one: a real

²⁸² Phil Deitch, interview by author, Northridge, California, March 17, 2013.

²⁸³ Noel Greenwood, “Free Clinic on Fairfax Picking Up the Pieces.”

²⁸⁴ Ibid.

²⁸⁵ Ibid.

feeling of wanting to help, plus a professional excitement over the kind of work to be done.”²⁸⁶ One volunteer doctor said, “It’s a combination of altruism coupled with a little bit of selfish interest.”²⁸⁷ Among the staff, things weren’t always based on altruism, especially among those leading the clinic, like Murray Korngold and Barry Liebowitz. Greenwood adds that “there is an intense, almost electric feeling between the clinic’s leaders that led one critic to snort, ‘Everyone here is on an ego trip.’”²⁸⁸

The original clinic, run under Duke and Malcolm, already had a small foothold in the area. Each day, clients lined up down the block, coming from as far away as Orange County or as near as Skid Row.²⁸⁹ It was clear that a new and larger space was desperately needed, but finding a new location was difficult, especially in terms of finances. The Fairfax District was then a middle-class and predominantly Jewish neighborhood, though it had started to see an influx of hippies who liked the lower rents in the area as well as its proximity to the hip scene on the Sunset Strip. An old building located at 115 North Fairfax Boulevard, close to Beverly Boulevard, was ideal but expensive. Just a block from the Los Angeles Farmer’s Market and across the street from

²⁸⁶ Noel Greenwood, “One of a Kind Medical Facility Never Gives Its Patients a Bill.”

²⁸⁷ Ibid.

²⁸⁸ Ibid. Doctors on the volunteer roster tended to come and go quickly - the volunteer pool, as in many non-profit organizations, had high turnover rates. During the clinic’s early years, when it was still fighting against the city and county, being harassed by the LAPD, and struggling financially, it seems unlikely that volunteers in the medical segment were there for work experience or to pad their resumes, especially since the LAFC was viewed by the medical Establishment as an organization offering sub-par medical treatment and using dubious methods. After the LAFC became more stable and more accepted by the community and local politicians, doctors would, in fact, be sent there specifically for work experience. Cedars Sinai Medical Center developed a strong relationship with the LAFC after circa 1975, sending their residents to the LAFC as part of their training. During its first few years, however, the clinic seemed to bring in volunteers who truly believed in its mission - and those who did not were asked to leave.

²⁸⁹ Noel Greenwood, “Free Clinic on Fairfax Picking Up the Pieces.”

CBS Studios, it was prime real estate. The owner of the suite wanted \$800 a month in rent so, as Liebowitz recalls, they met at Canter's Deli to negotiate the price. Since many of the clinic volunteers were Jewish, and since the clinic was in a Jewish neighborhood, the staff relied on networks of both faith and goodwill to help keep things going. Ultimately, Liebowitz convinced the owner of the property to perform a *mitzvah*, a good deed, and rent it out for only \$200 a month, under the condition that rent would go up in the future once the clinic became more established.²⁹⁰ By emphasizing their shared faith, Liebowitz opened a path of communication with the landlord that allowed the fledgling clinic to have a chance at survival, and provided a new, stable location from which it could function.

The entire existence of the Los Angeles Free Clinic was based on cooperative efforts and networking. Clinic staff used any opportunity they could to obtain funding, working hard and fast, and scrambling to keep the clinic alive. After the initial collapse of the clinic in late November of 1967, it was resurrected in a vital and energetic new form barely a month later. The volunteer base remained solid and growing, and its three main leaders steered a steady course for the future. By New Years', the Los Angeles Free Clinic, then known simply as "The Free Clinic" or "The Fairfax Clinic," created articles of incorporation and by-laws (both written by Phil Deitch), making it a legal entity and once again ready to serve the local community.

²⁹⁰ Liebowitz interview.

The Services and Expansion of the Los Angeles Free Clinic

The Los Angeles Free Clinic reopened on January 2, 1968. Linda Mathews, writing for the *Los Angeles Times*, viewed the opening in positive terms, noting the reason it closed down and claiming that a “thorough housecleaning” had taken place.²⁹¹ Her words exaggerated the cleansing that the volunteers undertook as they worked to legitimize the clinic in the previous six weeks. Overall, it had been less a thorough housecleaning than a replacement of leadership and a codification of its by-laws. The task of reorganization itself was foundational in creating the new Los Angeles Free Clinic, but at the same time it was not revolutionary; the general practices of the original clinic continued, though now with more direction, and with actual medical and psychological experience at the helm. In some ways, the original incarnation of the clinic as it formed under Malcolm and Duke was more representative of the Counterculture: the lack of organization, the lack of planning, and the lack of legal legitimacy. It certainly gained a patient base and a foothold in the community despite its failings. The new version of the Los Angeles Free Clinic would build on this early illegitimate base, adding to its structure and organization and gaining the documentation required to function as a legal entity.

A month and a half of troubles, arrests, and reorganization had not dampened the spirits of the volunteers involved, nor had it scared off the local clientele who continued to show up in large numbers. With the new fixed location, the clinic truly became part of the Fairfax neighborhood. The permanent building, which replaced the mobile van, also

²⁹¹ Linda Mathews, “Reorganized After Imposters’ Case: Free Clinic for Youths Will Reopen Today,” *Los Angeles Times*, January 2, 1968, p. B1.

gave a sense of legitimacy to the organization, which was especially helpful after the preceding chaos of its original founding. The new location also meant that staff could seek donations of medical equipment, including large exam tables and lab equipment, shaping the clinic into a fully functional medical establishment.

The guiding principle of the Los Angeles Free Clinic was its dual emphasis on non-judgmental health care, and on equal access to health care. Mike Hodel, president of the Los Angeles Free Clinic's Board of Directors, claimed, "It's a very non-judgmental clinic...We're here to treat people, not tell them they're bad. They come here to find a lack of the hypocrisy they think they see everywhere else. And because no one on the staff gets paid, they're guaranteed that whoever is seeing them is truly interested, really cares about them."²⁹² The emphasis was on the patient, not on their lifestyle or politics. Barry Liebowitz was quoted in the *Los Angeles Times*, saying, "The clinic's job...will simply be to help, not to proselytize. Medicine's function is very simple. We're there to treat - not to judge."²⁹³ This strong emphasis on non-judgment was seen throughout the Free Clinic Movement as a whole.

The LAFC's new bylaws also promoted the idea of non-judgment. Article I of the Bylaws states: "The purpose of this volunteer organization shall be to supply free medical, psychological, legal, dental, social and related services to anyone requesting them. Toward this end, the Free Clinic will endeavor to develop ways to serve that portion of the community whose needs are not adequately met by established facilities and to offer our encouragement and assistance to other organizations with similar

²⁹² "Kids Who Can't Cope," *Los Angeles Magazine*, May 1969, 33.

²⁹³ Noel Greenwood, "Free Clinic on Fairfax Picking up the Pieces."

purposes.”²⁹⁴ By 1980 that by-law was amended to include “No person shall be excluded from such services on the basis of race, religion, sex, age, national origin, citizenship or financial status.”²⁹⁵

The Clinic’s intake form was only half a page, and asked basic questions such as name, birth date, and address - none of which was verified or had to be true.²⁹⁶ It also asked for sex, the name and address of a friend or relative (which could be left blank), marital status, and astrological sign, which was the Clinic’s “social” category required by the state (instead of race) and designed to be as useless as possible.²⁹⁷ The form also asked, “are you living away from home and self-supporting?,” a question which would allow the clinic to legally treat emancipated minors.²⁹⁸

The clientele of the early Los Angeles Free Clinic were predominantly white, middle-class, and young, which was not surprising given the demographic make-up of the neighborhoods the LAFC served. Frances Helfman remembers that it was a lot of college students coming to the LAFC in its early years, and “then gradually, little by little, you saw some subtle changes. They became...younger and younger, at high school level.”²⁹⁹ Marsha Getzler similarly recalls that at the beginning the clients were mostly white and young and many were transient and unemployed, but then the client base slowly changed

²⁹⁴ “The Free Clinic Bylaws.” From the Personal Collection of Marsha Getzler.

²⁹⁵ “Bylaws.” From the Personal Collection of Kelly Hodel.

²⁹⁶ “Intake Form.” From the Personal Collection of Marsha Getzler.

²⁹⁷ Ibid.

²⁹⁸ Ibid.

²⁹⁹ Helfman interview.

to be predominantly working poor.³⁰⁰ There were relatively few minorities at the LAFC, at least in the early years as the clinic was specifically tailored to white hippies.³⁰¹

The Los Angeles Free Clinic was created as a holistic organization, aimed at providing not just health care, but aid in alleviating a wide range of social problems. Like the free clinics in general, it functioned as an alternate or counter-institutional organization, providing services that often functioned outside of traditional Establishment frameworks. Glasscote et al, in their study of alternate services such as clinics, runaway houses, and crisis counseling centers, observed a unifying ideology for such institutions. Alternate services emphasized the client, and would not turn away a client due to inability to pay; in fact, many of the services studied were donation-based and did not have fees at all.³⁰² These institutions also focused on helping people in a “natural, casual, and ‘nonprofessional’ fashion” where walk-ins were always welcome and clients treated as an equal with the agency professionals, often trained doctors and nurses.³⁰³ At alternative institutions staff members did everything possible to ensure a client received the help s/he needed, even if it meant making arrangements elsewhere and making plans to get them to another institution.³⁰⁴ This activity was in direct opposition to procedures of public agencies, which often required appointments made days (or sometimes even

³⁰⁰ Getzler interview.

³⁰¹ Alschular interview.

³⁰² Raymond M. Glasscote, et al, *The Alternative Services: Their Role in Mental Health. A Field Study of Free Clinics, Runaway Houses, Counseling Centers, and the Like*. A Publication of the The Joint Information Service of the American Psychiatric Association and the National Association for Mental Health. (Washington, D.C., 1975), 5.

³⁰³ Ibid.

³⁰⁴ Ibid.

weeks) in advance and often required visits to multiple agencies in different parts of town to access a full array of services. The Los Angeles Free Clinic functioned as such an alternate institution.

Medical services at the Los Angeles Free Clinic covered basic health care such as blood pressure monitoring, laceration repairs, skin infections, and treatment of common illnesses including sexually transmitted infections. The clinic also gave out free birth control pills which were donated by the pharmaceutical companies or other private practice doctors.³⁰⁵ A dental center provided free dental care, though that took a little more time to establish due to the need for specialized equipment. Vernon Shields, the volunteer dentist, helped establish the program and brought in other dentists as volunteers, too.³⁰⁶ The counseling services at the clinic were wide ranging. Korngold remembers that many of the patients coming in were runaways and thus needed “counseling and not psychotherapy. They needed help. We needed to get places for them to stay.”³⁰⁷ The clinic also saw clients who needed more than just counseling, and so they set up programs for people who were “ambulatory psychotic.”³⁰⁸ All of the staff working as counselors or medical doctors received no pay and were completely volunteer-based.

The legal services allowed clients to see a lawyer for free; since a good number of the clinic’s clients were runaways or living on the street, they could not afford a lawyer if

³⁰⁵ Liebowitz interview.

³⁰⁶ Getzler interview. Shields was one of relatively few African American volunteers at the LAFC. Shields later tragically committed suicide.

³⁰⁷ Korngold interview.

³⁰⁸ Ibid.

they got into legal trouble. The lawyers who volunteered at the LAFC also related more to the client-base and upheld the clinic's non-judgmental policies. While many members of the Counterculture felt like the law was always against them, they came to see the lawyers volunteering at the LAFC as allies rather than enemies. Here they could get legal help for drug possession charges, avoiding the draft, or other legal problems associated with the Counterculture lifestyle. Deitch recalls some people receiving as much as five years in prison for marijuana possession, and being required to serve the full sentence with no possibility of early parole.³⁰⁹ He remembers that "the courts were not very understanding of what was going on."³¹⁰ The LAFC appealed to members of the Counterculture in part because they did not keep many records due to the potential for litigation. As a result, there would be nothing to subpoena and no one could get into trouble for seeking out legal advice, whether it was for drugs or draft evasion.³¹¹

This lack of records was especially important in terms of draft counseling, which was a major part of the Los Angeles Free Clinic in its early years. Phil Deitch recalls that they most often saw young men who had been drafted already but did not want to go.³¹² It was less about avoiding the draft itself as avoiding the legal consequences of refusing induction, which could be up to a year in prison for draft evasion.³¹³ According to Deitch, "There weren't a whole lot of defenses if they were charged. And we would

³⁰⁹ Deitch interview.

³¹⁰ Ibid.

³¹¹ Ibid.

³¹² Ibid.

³¹³ Ibid.

develop a plan as to how to approach it to get as little or no time as possible. It's a lottery what judge you get in the federal court. Some were understanding and some just weren't. We'd be there until midnight or one o'clock, and then Bill Kelly calling all night."³¹⁴

The clinic also had ties to the local Quakers who provided draft counseling as well; clients would be put into a room with a phone and the number for the Quakers and they would talk through options.³¹⁵ It was a way for the clinic to provide assistance without truly getting involved or taking much risk. But since many of the staff were anti-Vietnam, it is not surprising that the clinic had such an active role in helping young men navigate the draft, especially if they did not desire to go.

The clinic started a job co-op later in 1968, originally run by Frances Helfman. College-aged kids, many of whom were simply passing through town, came looking for temporary employment, which the job co-op tried to provide; some jobs were only for one day.³¹⁶ Soliciting jobs was not always easy, and the clinic staff tried to check them out and see if they were legitimate before sending over clients. Since the clinic was in a Jewish neighborhood, one of the recurring jobs that came up was working in a local horseradish factory; although the pay was good, the smell made it a less appealing job.³¹⁷

The job co-op provided a useful way for people passing through Los Angeles to make a little bit of money, but in a legitimate and safe way. Unlike the local unemployment

³¹⁴ Ibid.

³¹⁵ Frances Helfman, interview by author, Beverly Hills, California, March 15, 2013.

³¹⁶ Ibid.

³¹⁷ Ibid.

office, the clinic worked hard to find positions within the community that would accept members of the Counterculture for short term employment.

One of the truly novel services the free clinic provided was the Sex Information Hotline, which opened June 30, 1975. It was a 24-hour hotline “staffed by nurses, teachers, psych students, and it was a line where you could get accurate non-judgmental sexual information.”³¹⁸ This hotline was one of the first of its kind in the United States, if not the very first, and was controversial at its inception and throughout its existence. Chelley Maple, the administrator of the Hotline, said, “There aren’t too many places people can go to get help and answers about their sexuality and sensuality and still maintain their anonymity. It’s a lot more difficult for someone to discuss sex face to face than on the phone where he or she can retain confidentiality without fear of repercussion.”³¹⁹ Like the LAFC proper, the Hotline was judgment-free, training its call staff to avoid judgmental wording like “deviant” or “pervert.”³²⁰

In its first three months, the Hotline received 561 calls.³²¹ The people who manned the hotline underwent a 50-hour training session, which included eight hours spent at Elysium Fields, a local nudist colony.³²² The idea behind this was to make hotline staff comfortable with their own sexuality, with their own bodies, before they

³¹⁸ Kelly Hodel, interview by author, Brentwood, California, April 8, 2013.

³¹⁹ Diana Newell, “Sex Helpline Fills a Desperate Need: A Helpline for Human Sexuality,” *Los Angeles Times*, September 1, 1975, p. e3.

³²⁰ Ibid.

³²¹ “Contact,” The Newsletter of the Los Angeles Free Clinic. Volume IV, No. 3 (October 1975).

³²² Ibid.

gave advice to others.³²³ It was a unique service, and reflected many of the ideas of the hippie movement while continuing the focus on non-judgmental treatment that the clinic espoused. It was also educational, attempting to overcome the taboo associated with discussing sex and human sexuality. David Hall, the director of Family Life and Sex Project, noted a number of the callers were teenagers who, due to lack of proper sex education in the schools, learned misinformation from their friends instead.³²⁴ They called the Hotline to obtain correct sex information. The idea was radical, but also fit well into the clinic's ideology and overall mission, lasting for over a decade. After five years, the Hotline incorporated as its own entity.³²⁵ It ultimately collapsed due to lack of funding, but the idea it created remained, and helped lead to the establishment of other sex hotlines across the country.

The People of the Los Angeles Free Clinic

The administration of the clinic was complex and convoluted, with administrators having a quick turnover rate especially in the early years of the clinic's formation. Originally the clinic functioned with two main administrators, a director of medicine and a director of counseling services. There was also a legal director who oversaw the other volunteer lawyers. As the clinic grew and took on more and more services and clients, it became necessary to have more staff helping to run things. At times there were as many

³²³ Ibid.

³²⁴ Ibid.

³²⁵ Hodel interview.

as six administrative staff, sharing the responsibilities of running the free clinic.³²⁶ Along with the administrative staff, the clinic utilized a Board of Directors, manned by mainly non-volunteers, although it also included elected representatives from each branch of service at the free clinic, such as medical, legal, counseling, and the job co-op.³²⁷ The Board also contained an Executive Committee which consisted of the Board President, Secretary, and Treasurer along with the medical and psychological services directors.³²⁸

There was a high turnover rate, especially for administrators; most only remained at the clinic for a year or two before leaving to do social work elsewhere, or to engage in other endeavors.³²⁹ The job was difficult, as one had to oversee a wide range of operations, maintain volunteers, especially the professional volunteers like doctors and nurses, and keep funding coming in. The position of administrator required one to be constantly on the move, and to take on multiple responsibilities. One had to write grants, fundraise, maintain supplies and equipment, diffuse conflicts among staff and patients, collect and collate data, file, answer phones, interact with the public and community at large, and even perform janitorial duties. There was no job contract, and administrators did whatever tasks came up to keep the clinic running. It was hard work, with long hours. Marsha Getzler remembers that even in her off-hours, she was still on-call, and on occasion patients were dropped off at her private residence in Benedict Canyon for

³²⁶ Leonard Somberg, "The Los Angeles Free Clinic, 1967-1970: A Folk History." From the Personal Collection of Frances Helfman.

³²⁷ Ibid.

³²⁸ Ibid.

³²⁹ Somberg, "The Los Angeles Free Clinic."

counseling help or talk-down services.³³⁰ Phil Deitch recalled his phone ringing at all hours of the night, and noting how time consuming his work at the LAFC became; “After five years it got to be too much. It was always hectic,” he noted.³³¹ It was inevitable that administrators would burn out quickly, but there always seemed to be someone willing to take their place. Many within the clinic viewed this high turnover rate as a positive thing, as the “flow of new people keep it vital and alive. Nobody gets comfortable with a comfortable salary so it’s always improving.”³³² Still, there had to be a balance between gaining new volunteers and maintaining a semblance of organization and legitimacy at the clinic.

The first administrators of the Los Angeles Free Clinic were its founders, Barry Liebowitz and Murray Korngold, who began volunteering in November 1967 before the clinic was incorporated. After the LAFC’s rebirth in January 1968, Liebowitz and Korngold became the primary administrators, as well as the major advocates for the clinic. While Liebowitz ran the medical side of the organization, Korngold ran the counseling and psychiatric side. Phil Deitch, also part of the original triad, continued to run the legal aspects of the clinic. This included free legal counseling, particularly for drug offenses, those in trouble from avoiding the draft, or those arrested for living on the

³³⁰ Getzler interview.

³³¹ Deitch interview.

³³² Hodel interview.

street.³³³ Although he occasionally faced criticism from the Santa Monica courts where he worked full time, he continued volunteering for the clinic for nearly five years.³³⁴

Liebowitz practiced medicine at Kaiser Permanente but they objected to his involvement in the free clinic, saying that it did not fit with their corporate image.³³⁵ Ultimately, after months of arguing over it, Liebowitz packed up his office and quit his job at Kaiser Permanente.³³⁶ Murray Korngold, at 47 years old, was the oldest member of the fledgling clinic, and also the most radical. Korngold was involved in the research on LSD in the late 1950s, shared a practice with R.D. Laing in London during the mid- to late 1960s, and participated in the World Congress on the Dialectics of Liberation in 1967.³³⁷ It was after his return from this conference that Korngold saw the ad for the Los Angeles Free Clinic; he thought it sounded like a good idea, and a place where he could implement some of the things discussed at the Congress.³³⁸ Liebowitz and Korngold both left their positions of leadership in late 1968 after a period of intense disagreement; Deitch remained for five more years, leaving to focus on his legal work in the court system around 1973.³³⁹

³³³ Liebowitz interview.

³³⁴ Deitch interview.

³³⁵ Liebowitz interview.

³³⁶ Ibid.

³³⁷ Korngold interview.

³³⁸ Ibid.

³³⁹ See Chapter 4 for a discussion of the ongoing conflict between Liebowitz and Korngold, as well as the reasons for their departure from the clinic.

With the departure of both Liebowitz and Korngold in late 1968, clinic staff voted to have Bill Kelly take over as the clinic director, overseeing the day to day operations of the clinic. Marsha Getzler notes that “director of the free clinic was a hell of a job. It was too much of a job, certainly, for one person.”³⁴⁰ Kelly quickly found himself overwhelmed by the management of the still rather disorganized clinic. There was simply too much for one person to manage: medical, psychological, and legal services, along with the job co-op, marketing and media, overseeing volunteers, as well as gaining donations and supplies. In late 1968, Bill Kelly brought in Kelly Hodel, a former Navy combat medic and someone with medical knowledge, and David Mizrahi, who had skills in supply procurement. Hodel soon became medical director and Mizrahi worked on gaining donations and keeping the clinic supplied with everything from drugs to toilet paper, often purchasing them wholesale from local suppliers to save cost.³⁴¹ When Bill Kelly left due to illness and burnout, Kelly Hodel and David Mizrahi took over as co-administrators.

At the same time, in late 1968, Marsha Getzler was also becoming involved in the LAFC through her friendship with Phil Deitch and Bill Kelly. Deitch asked Getzler to take Bill Kelly out to lunch once a week, to provide much needed stress relief and to get away from the non-stop action of the clinic, but Getzler could never get him away.³⁴² Instead, she began to help out and slowly became more and more involved until she was also one of the administrators. Getzler says they essentially “tagged her in” as Bill Kelly

³⁴⁰ Marsha Getzler, interview by author, Beverly Hills, California, May 17, 2013.

³⁴¹ Mizrahi interview.

³⁴² Getzler interview.

left, and she worked concurrently with Hodel and Mizrahi.³⁴³ Getzler worked to make certain the various service directors were doing their jobs and that there were enough volunteers to fully staff the clinic.³⁴⁴ Getzler, at 28, was older than most of the volunteer staff. She remembered the famous hippie quote, “Never trust anyone over 30,” and claims, “I tried to get out of it [becoming administrator] by saying I’m going to be 30! I’m not going to be trustable! It didn’t work.”³⁴⁵ She eventually was made administrator despite her age.

In the Spring of 1968 Bob Alschular came in, first as a patient, then a member of the Board of Directors, and finally working alongside Kelly Hodel and David Mizrahi.³⁴⁶ Although he was dealing with a heavy drug problem, Alschular rose up in the clinic, eventually becoming an administrator as well. In 1969, Getzler left the clinic after being hit by a truck and placed in traction; after her recovery she moved to Denver to open a bookstore, and Lenny Somberg took over her role as clinic administrator.³⁴⁷ Somberg had been a volunteer at the LAFC since its reopening in 1968, and worked as director of counseling after Korngold left. A former college English teacher, he was a strong supporter and advocate of the free clinic and its clientele; Somberg also served as president of the Southern California Council of Free Clinics.³⁴⁸ Hodel and Mizrahi both

³⁴³ Ibid.

³⁴⁴ Ibid.

³⁴⁵ Ibid.

³⁴⁶ Bob Alschular, interview by author, Santa Monica, California, May 16, 2013.

³⁴⁷ Getzler interview.

³⁴⁸ Kathy Burke, “Free Clinics Turn to New Kind of Care,” *Los Angeles Times*, November 18, 1973, p. B1.

left around 1969, when they began to work for the Los Angeles County Department of Health setting up new free clinics across Southern California before expanding into other states as well.³⁴⁹

Frances Helfman was the longest lasting of the early staff - she started volunteering in 1968, shortly after the clinic opened.³⁵⁰ Helfman's daughter introduced her to the LAFC after a friend of hers from high school overdosed and she received advice and support from the clinic on how to handle the situation.³⁵¹ Helfman "wanted to know a little bit more about what was going on" with her daughter, and so went down to the clinic to see what it was about.³⁵² She found the clinic mobbed with young people; when she inquired about possibly volunteering they asked if she could start that day.³⁵³ She began volunteering once a week, then twice a week, then three times a week until she was organizing and running the job co-op, which was one of very few services available during daytime hours.³⁵⁴ Helfman quickly became invested in the clinic and its youthful clientele, seeing, through her own daughter's experiences, the problems facing young people in America.

Despite the ever-changing administration and leadership, teamwork and cooperation helped keep the clinic afloat during these early years. As people came and

³⁴⁹ Hodel interview.

³⁵⁰ Helfman interview.

³⁵¹ Ibid.

³⁵² Ibid.

³⁵³ Ibid.

³⁵⁴ Ibid.

went, administrator roles changed and they took on different tasks to fill in gaps in leadership. The heavy burnout rate attests to the emotional and physical toll that the LAFC took on its administrators. Volunteers were forced to multi-task and to work long hours, with the job often following them home at the end of the day. As the clinic struggled to organize and gain a foothold in the community, it took many administrators, often working simultaneously, to bring the clinic to a successful fruition.

The Challenges of Running a Free Clinic

One of the biggest challenges the Los Angeles Free Clinic faced was funding; like most free clinics, they were perpetually short on money and, at times, on the verge of closing down.³⁵⁵ With monthly expenses averaging \$5,000, the money raised was quickly used up.³⁵⁶ Navigating the system of fundraising had a steep learning curve, especially for a group of volunteers and staff who had no experience in fundraising or running a non-profit organization. Everything was learned on the spot. Just six months after the LAFC's reorganization, Noel Greenwood published an article in the *Los Angeles Times* petitioning readers to donate, while highlighting the clinic's many services.³⁵⁷

The Haight Ashbury Free Medical Clinic had great success with rock concerts, utilizing the local music talent to raise money for the clinic. The LAFC attempted to emulate this but with mixed results. The clinic did receive a generous \$5,000 donation

³⁵⁵ This was a recurrent theme in my interviews with clinic staff. All of them indicated funding and money as the biggest obstacle that the Los Angeles Free Clinic faced in its early years.

³⁵⁶ Somberg, "The Los Angeles Free Clinic."

³⁵⁷ Noel Greenwood, "Young People's Free Clinic is Busier Than Ever But It's Almost Broke," *Los Angeles Times*, June 27, 1968, p. WS1.

from the Monterey Pop Festival, and they held small fundraising concerts at the Ash Grove night club in Los Angeles, often employing former patients/musicians as the talent.³⁵⁸ Co-administrator Kelly Hodel remembered one large concert they held at the Rose Bowl, a large football stadium in Pasadena, California. The performers included Janis Joplin (who was also a strong supporter of the Haight Ashbury clinic), Country Joe and the Fish, the Everly Brothers, Buffy Sainte-Marie, the Mothers of Invention, and Joan Baez among others.³⁵⁹

The clinic did not make a single penny off of the concert. Even though the musicians performed for free, they still had to pay the sound technicians and all of the union workers, and not enough people showed up to even cover costs.³⁶⁰ Hodel claims part of the problem was that the Rose Bowl was too far away and no one could find it, and also that Cream was playing at a venue in town for \$5 less than the clinic's concert.³⁶¹ In some ways, the concert actually exacerbated the clinic's financial situation, as the public knew the clinic had recently held this huge concert and assumed that it had been highly profitable and that the clinic thus did not need any more money.³⁶²

Still, the clinic learned from its mistakes and later did produce benefit concerts that were actually profitable.³⁶³ An ad in a local newspaper, likely the Los Angeles Free

³⁵⁸ Alschular interview; Deitch interview.

³⁵⁹ Hodel Interview.

³⁶⁰ Ibid.

³⁶¹ Ibid.

³⁶² Ibid.

³⁶³ Ibid.

Press, promoted the Phantasmagoria 1, a rock and roll benefit concert with proceeds going to the Los Angeles Free Clinic. The full page spread contained four photographs, three of scenes from the free clinic and one of the free clinic staff plus James Coburn on the Les Crane Show. At the end of each caption was a strong petition for donations: “The Free Clinic needs Money for medical supplies;” “The Free Clinic needs money for lab equipment;” “The Free Clinic needs rent money;” and “The Free Clinic needs YOUR support.”³⁶⁴ The article invited everyone to come hear live music and to “celebrate what we are and what we will become. We are the Free Clinic. We help people. People come to us with needs and we fulfill them, to the best of our ability, with love. We are all people who care for people. The sick, the lonely, lost, homeless, loveless, frightened, angry, sad, hunted people of a city.”³⁶⁵

Alongside the music concerts, the Los Angeles Free Clinic made strong use of the local celebrities to help with funding. The clinic’s original location was directly across the street from CBS Television Studios; as the clinic gained a reputation in the neighborhood, more and more celebrities (and their wives) took an interest in what the clinic was doing. James Coburn and his wife Beverly were early supporters of the free clinic, giving a major financial contribution that helped get the clinic running in 1968.³⁶⁶ James Coburn was a friend and likely former patient of psychologist Murray Korngold and heard about the clinic through him. The Coburns remained involved in the free clinic, at one point even throwing a party at their Hollywood Hills home for clinic staff

³⁶⁴ “Top Stars to Appear at Free Clinic Benefit.” Undated newspaper article. From the Personal Collection of Bob Alschular.

³⁶⁵ Ibid.

³⁶⁶ Hodel interview; David Mizrahi, interview by author, Las Vegas, June 6, 2013.

and patients.³⁶⁷ The Smothers Brothers also provided funding for the clinic and were early supporters of the clinic's mission.³⁶⁸ When *Hair* came to Los Angeles, a portion of their premiere proceeds benefitted the Los Angeles Free Clinic.³⁶⁹ Almost every person interviewed brought up the time Elvis Presley gave the clinic a check for \$10,000 with the stipulation that it be used for good things and to help people.³⁷⁰ George Carlin pushed his wife Brenda to get involved at the clinic, and both Robert Foxworth and Elizabeth Montgomery were longtime supporters as well.³⁷¹ Two radio marathons, one in 1969 and one in 1970, also helped raise funds for the LAFC. Held on KMET-FM Los Angeles, the marathons together raised some \$20,000, enough to keep the clinic running for four months.³⁷²

This celebrity financial involvement was instrumental in keeping the clinic functioning in its early years; without large donations the clinic likely would have collapsed under its own bills and debt as happened to many clinics nationwide during this time. It was a situation that was unique to the Los Angeles Free Clinic and something that is not particularly seen at other free clinics during this time. The proximity to CBS Television Studios, Hollywood, and Beverly Hills meant that celebrities had greater access to knowledge about the LAFC. Much of this involvement was simply through

³⁶⁷ Liebowitz interview.

³⁶⁸ Mizrahi interview.

³⁶⁹ Ibid.

³⁷⁰ Helfman interview.

³⁷¹ Ibid.

³⁷² Somberg, "The Los Angeles Free Clinic."

word-of-mouth and a variety of networking among those already volunteering at the clinic. Frances Helfman's brother had worked on *Bonanza*, administrator Bill Kelly was a former talent agent turned drop-out, and Murray Korngold was a psychologist to some Hollywood stars.³⁷³ Kelly Hodel also played an instrumental role in media coverage, using connections with Noel Greenwood at the *Los Angeles Times* and Art Kunkin at the *Los Angeles Free Press* to help promote the clinic, especially when they were in trouble or desperately needed funds. In this respect the Los Angeles Free Clinic was incredibly lucky since the help from Hollywood was crucial in keeping the clinic running.

Kelly Hodel noted the importance of obtaining funding from a variety of sources, as it helped the clinic remain independent and avoided funding sources having too much sway over clinic operations.³⁷⁴ It also meant that if one funding source dried up, the clinic still had money coming in. Ultimately the Los Angeles Free Clinic, like most free clinics, was funded by a combination of sources, including private donations; fundraisers; and public, state, county, and federal grants.³⁷⁵ One ingenious method the clinic used was scanning the local obituaries; when a doctor died, they would contact his widow to see if she would donate his old equipment for a tax write-off.³⁷⁶ This method enabled the clinic to establish an entire dental department for around \$150.³⁷⁷ By the 1970s, one of the members of the clinic's Board of Directors was also the executive director at Midway

³⁷³ Mizrahi interview.

³⁷⁴ Hodel interview.

³⁷⁵ Ibid.

³⁷⁶ Ibid.

³⁷⁷ Ibid.

Hospital, and was helpful in getting supplies and medications for the LAFC. Everything was done through networking, private donations, and begging. Medical administrator Bob Alschular recalls, “It was really a wing and a prayer. We needed supplies, [so] we’d get doctors’ offices to donate supplies. Some of the medication might have been slightly expired or something but we would still use it. Getting supplies and money were the biggest hurdles.”³⁷⁸

Similarly, Marsha Getzler remembers the hassle of dealing with the lack of supplies, and how doctors would help out by donating their drug samples to the clinic. She recalls doctors who would come with their car trunks loaded with supplies to drop off for the clinic, and Getzler would sort through them to determine what the clinic could use or not. Certain drugs, such as heavy-duty pain killers, were not allowed on clinic property and would have to be disposed of or returned, for fear of the clinic being shut down by the Los Angeles County Department of Health for violating drug laws. As Getzler says, “We were the hippie clinic. We were the Great Unwashed! We took what we got and were glad to get it!”³⁷⁹

Keeping good volunteers was also a challenge at times, though overall the clinic seemed to maintain their support staff. People would rotate through the clinic, volunteering for a period of time before moving on to something else. Herbert Freudenberger, a counselor at the St. Mark’s Free Clinic in New York City, notes the challenges of keeping a free clinic in operation. In a 1971 article in *Professional Psychology* he writes, “a free clinic only exists as long as its members are willing to give

³⁷⁸ Alschular interview.

³⁷⁹ Getzler interview.

their time and it is free only to those whom it serves. For those of us on the other side of the fence, it costs money and energy to keep it going.”³⁸⁰ That energy often took its toll in the burnout seen in the administrators.

In the immediate aftermath of its reopening, the Los Angeles Free Clinic faced some backlash from the community, especially the police. Marsha Getzler remembers that the clinic gained a reputation due to its unusual clientele, and “there was always a race when we sent for an ambulance who would get there first, the ambulance or the police, and the police were going to hassle the patients.” David Mizrahi recalls, “At the time, the police department and the city were kind of against us. We had a lot of, I wouldn’t call them raids, but they’d come in and harass. We had kids hanging around. A lot of people with drug and alcohol problems, a lot of former Vietnam veterans, a lot of runaways, and you would see them hanging out at the clinic all the time.”³⁸¹ Mizrahi claims that the police would “come in, walk around, and just stare. Now and then they’d try and harass, but that stopped. After we became a little more legitimized that stopped. And the harassment stopped.”³⁸²

The clinic’s location also proved problematic - immediately next door was a Jewish senior center. Getzler recalls them being a bit nervous about the free clinic, and how when the bingo players left in the afternoon there would be “all these wild-haired youth staggering down the same alley,” waiting to line up at the clinic’s door for the

³⁸⁰ Herbert J. Freudenberger, “Free Clinics: What They Are and How You Start One.” *Professional Psychology* (Spring 1971), 172.

³⁸¹ Mizrahi interview.

³⁸² Ibid.

evening's opening.³⁸³ Occasionally the police were called on noise complaints after 10pm, the curfew for teenagers, but over time the calls diminished and the clinic settled in to the neighborhood.³⁸⁴ The clinic also sent representatives to the senior center to participate in discussion groups and alleviate any fears the residents and staff might have had; the center was relocated in December of 1970.³⁸⁵ Also down the street from the clinic was Fairfax High School, which prompted concerns among school officials and parents especially with regard to the free birth control the clinic offered.³⁸⁶ Still, the clinic faced no real reactions or repercussions from the public.

Barry Liebowitz recalls that there was never any truly negative reaction from the local community: no picketing, no graffiti, no demonstrations. The general public was more "live and let live;" occasionally people would drop by the clinic to look around quickly and then leave.³⁸⁷ Liebowitz felt that Fairfax "was a very inviting street."³⁸⁸ Murray Korngold felt that the community was just waiting for the Free Clinic Movement to happen, and that once it started there was no going back. He claims,

There was no such thing as a gradual growth, little by little. No way! It happened [claps hands] like that! One day there was nothing, a few months later they were around the block and we were talking on the phone to people who wanted to start a free clinic in Long Beach or Simi Valley. It just was. Everybody was waiting

³⁸³ Getzler interview.

³⁸⁴ Somberg, "The Los Angeles Free Clinic."

³⁸⁵ Ibid.

³⁸⁶ Ibid.

³⁸⁷ Liebowitz interview.

³⁸⁸ Ibid.

for [the Free Clinic Movement]. It wasn't something that one had to labor for. Everybody wanted it.”³⁸⁹

Still, it took a lot of effort by a lot of different people both to get the clinic functional and then keep it running.

Conclusion

By mid-1969 the Los Angeles Free Clinic was seeing 1200 medical cases a month, with another 600 counseling cases; the staff included some 300 people, counting “amateur volunteers” and those who had once been patients.³⁹⁰ However, less than two years after reopening, the LAFC found itself on the brink of collapse. It was nearly \$5,000 in debt (the same amount as its estimated monthly operating expenses), and Mike Wood, the then administrator, had not been paid his \$125 a month salary in 6 weeks.³⁹¹ Funding continued to be one of the biggest challenges the clinic faced throughout the 1970s and 1980s; as clinic expenditures grew, so, too, did the challenge of raising funds to meet those costs. Somehow, they always managed to pull in money and keep the clinic running, something that many other free clinics failed to do. Even the Haight Ashbury Free Medical Clinic, with its media attention and heavy involvement in the Counterculture scene, closed several times in its early years due to lack of funding. In this regard, the Los Angeles Free Clinic was extremely fortunate.

³⁸⁹ Korngold interview.

³⁹⁰ “Kids Who Can’t Cope.”

³⁹¹ Doug Shuit, “‘Hip Subculture’s’ Clinic in Debt and Faced by Collapse,” *Los Angeles Times*, December 14, 1970.

Los Angeles' Progressive and Leftist past re-emerged in the Free Clinic Movement, as seen in the Los Angeles Free Clinic. Combining aspects of public hospitals, settlement houses, and New Left/Counterculture politics, the LAFC created an alternative space for free and equitable social services, all under one roof. This holistic social work represented a unique and novel form of organization, one that provided non-judgmental options in an era where judgment was everywhere. Although the clinic's origins were less than pristine, it quickly transformed itself into a legitimate health care center, able to handle a wide range of medical and psychological needs.

By 1970 the services offered by the clinic grew to include a wide range of options. Medical help was available Monday through Saturday, and the clinic maintained a "free school" from Monday through Sunday which provided free classes on topics such as playing guitar and ceramics.³⁹² Monday through Friday the clinic offered psychological services, dental, legal counseling, birth control information, pre-natal information, and free food; the job co-op remained open as well.³⁹³ On Mondays, Wednesdays, and Thursdays pregnancy and abortion counseling was available.³⁹⁴ Most of the services were offered in the evenings, in part because the staff often worked full-time jobs in their profession and were only available once their day shifts ended. Over 250 volunteers donated their time to the LAFC by 1970, including professionals, former

³⁹² Somberg, "The Los Angeles Free Clinic." Kelly Hodel relates that on at least one occasion musician Steven Stills showed up at a guitar workshop, continuing the theme of local celebrity involvement in the LAFC's projects.

³⁹³ Somberg, "The Los Angeles Free Clinic."

³⁹⁴ Ibid.

patients, administrators, assistants, and a night watchman.³⁹⁵ Despite an uncertain start, the Los Angeles Free Clinic appeared to be flourishing in many ways by 1970.

³⁹⁵ Ibid.

CHAPTER 5

“FUNCTIONAL DYSFUNCTION:” COMMUNITY AND COOPERATION IN THE LOS ANGELES FREE CLINIC

A centipede was happy – quite!
Until a toad in fun
Said, "Pray, which leg moves after which?"
This raised her doubts to such a pitch,
She fell exhausted in the ditch
Not knowing how to run.

-Attributed to Katherine Craster³⁹⁶

In 1968, Paul Deason, a film student from the University of California, Los Angeles, made a short thirty minute film depicting a typical evening inside the Los Angeles Free Clinic.³⁹⁷ His film begins at the reception desk, where volunteers do patient intake. Patients, all noticeably young and white, describe their ailments: mono, venereal disease, crabs, taking drugs with possible rat poison in it, a rash, sexual activity with a partner with known hepatitis, a pregnancy test. With multiple people talking at once and with loud rock music playing, the waiting room seems more like a party or coffee house than a medical establishment. One long, curly-haired young man, already in an exam room, plays his guitar and sings while Dr. Ron Citronbaum, volunteer doctor, patiently waits for him to finish so he can complete the examination. The hallways are packed with people, and a female volunteer carries a carton of Coca-Cola, passing out free sodas to anyone, staff or client, who wants one. Out another door, a patient quietly emerges with the cash box and slips away unnoticed. The general chaos is representational of an

³⁹⁶ Katherine Craster, Attributed, “The Centipede’s Dilemma.” *Pinafore Poems*, 1871.

³⁹⁷ Paul Deason, *The Free Clinic* (1968). From the Personal Collection of Kelly Hodel.

average night at the Los Angeles Free Clinic and yet, somehow, the organization managed to function amid this aura of dysfunction.

As seen in Chapter Four, the Los Angeles Free Clinic had difficult beginnings, but by mid-1968 the Clinic was proving itself as a necessary and worthwhile project, working for the welfare of the local community. It was a hybrid organization, finding a balance between anarchy and order, Establishment and Counterculture. The patients and staff worked together, blending democratic organization with community action and volunteerism. The clinic relied on ideas of compromise and teamwork to create a viable system of health care delivery, and one that could overcome tremendous obstacles to focus on the greater good.

This chapter will discuss the “functional dysfunction” that allowed the Los Angeles Free Clinic to exist and grow to become an important part of the Los Angeles community.³⁹⁸ Emerging from its shaky and disreputable foundation, the clinic created a sense of transparency in its day-to-day dealings that fostered teamwork and cooperative efforts. The Los Angeles Free Clinic drew volunteers from different social backgrounds, and the clinic became a space where communication and interaction were key. As people from different backgrounds were forced to work together to solve problems, they began to accept and even appreciate this diversity - a diversity that many would not have experienced elsewhere. The Los Angeles Free Clinic thus became a place of alliance-building, and a place where people could overlook their differences to focus on the good of the community.

³⁹⁸ Frances Helfman, interview by author, Beverly Hills, California, March 15, 2013.

At times, differences did erupt into passionate conflict, but the transparency and functioning bureaucracy of the clinic ensured that such conflicts would not overtake the organization. Instead, staff worked to solve problems and found ways to cope with nearly impossible situations. One of the greatest early challenges that the clinic faced involved strongly differing opinions towards drug use; it was a conflict that threatened to tear the fledgling clinic apart for a second time in as many years. However, open communication and discussion allowed this crisis to pass with minimal repercussions. The Los Angeles Free Clinic was thus a model of transparency, openness, communication, and cooperation, all of which were utilized to ensure the clinic's survival and growth. When compared to other organizations such as the Los Angeles Gay and Lesbian Center, the LAFC emerges as an example of teamwork and cooperation, and one which flourished where others failed. The Los Angeles Free Clinic employed a variety of unique strategies in this process of acceptance and transparency. At times, patients were given incredible amounts of power over their own health care, as well as engaging directly in the treatment of others, helping to de-professionalize the medical field. All of these efforts worked towards a better communication with, and understanding of, the patient population. The end goal was always focused on providing the best services possible while maintaining an inviting and non-judgmental atmosphere.

Despite its political squabbles and the ego and personality differences among the staff and patients, the free clinic managed to create a workable system. It was a democratic organization that rose above these issues to provide for the community, and a space of acceptance and interaction between very broad groups, but as the clinic grew, so

did its problems. The staff continued to find ways to create alliances, to blur boundaries, and to maintain a feeling of openness among all of its members. The Los Angeles Free Clinic thus represented a unique and newly emerging space in American health care that bridged the culture gap between mainstream and Counterculture, and provided a place where people from very different social and cultural backgrounds could mix and interact with each other. It was not a perfect model of harmony and teamwork, but rather a place with the ability to open and create paths of communication between diverse populations and to function within a certain level of *dys*function.

The Make-Up of the Los Angeles Free Clinic

As the Los Angeles Free Clinic reopened on January 2, 1968, volunteers flooded in. While the clinic itself was based on liberal and Counterculture ideology, the political make-up of its staff was a bit more diverse. Volunteers came from both the political right and left, and everyone found a way to work together for the benefit of its clientele, even if they strongly disagreed on other topics, including their personal politics or lifestyles. Such things were often set aside for the benefit of the greater good. Volunteers poured in during those early years, people who “had a love affair with this craziness” and were willing to donate their services and time for free.³⁹⁹ The clinic expanded rapidly, and soon became a fixture in the Fairfax community.

The two main leaders of the Los Angeles Free Clinic represented this diversity. Barry Liebowitz self-identified as a conservative and was viewed by others as the straight-laced, Establishment-oriented, professional medical head of the clinic.

³⁹⁹ Barry Liebowitz, interview by author, New York City, New York, October 23, 2012.

According to Phil Deitch, Liebowitz was the “guiding light of the clinic – everybody really respected him and the people [volunteers] that he would bring in.”⁴⁰⁰ Murray Korngold, however, was a liberal who identified with the hippie movement, had a lot of female admirers, and dressed in flowing robes “like a guru,” according to job co-op administrator Marsha Getzler.⁴⁰¹ By the time he joined the clinic, Korngold had worked with LSD research, administering the drug to patients and volunteers in a controlled setting and recording the results; he himself dropped acid more than 100 times.⁴⁰² It was work that shaped his worldview, and Korngold maintained very strong feelings about the drug and its positive impact on his life. While Liebowitz worked to create a formal medical establishment, Korngold had dreams of founding an “anarchist institution.”⁴⁰³ Neither of them would see their ideas fully realized, but rather the clinic would become a hybrid of the two. The Los Angeles Free Clinic thus began its new life with two leaders with opposing beliefs. However, Phil Deitch recalls that there was not a lot of tension between them and that they always seemed to quietly work out their problems, maintaining a civilized, if not congenial, atmosphere at the Clinic.⁴⁰⁴

Administrators David Mizrahi and Frances Helfman both remember the clinic staff having more of a liberal component, but with plenty of conservatives also working

⁴⁰⁰ Phil Deitch, interview by author, Canoga Park, California, March 17, 2013.

⁴⁰¹ Marsha Getzler, interview by author, Beverly Hills, California, May 17, 2013.

⁴⁰² Murray Korngold, interview by author, San Francisco, California, January 28, 2013. Korngold noted that the dosages he took during this time ranged from 25 micrograms to 500 micrograms.

⁴⁰³ Ibid.

⁴⁰⁴ Deitch interview.

as volunteers.⁴⁰⁵ Neither viewed the political differences as a problem within the clinic; in fact, Mizrahi felt that this variety of political beliefs actually helped make the clinic work.⁴⁰⁶ If the clinic was too Establishment, patients would be turned off and would not come to use its services. If the clinic was too radical, it would lack organization and legal structure and would collapse under its own weight. Instead, there was a balance between the anti-Establishment and the Establishment nature of the LAFC.

It is important to note, though, that while the staff did have some measure of political diversity, the clinic itself had very strong liberal leanings as seen in its mission statement and founding beliefs. It drew from ideas of the Counterculture and the Civil Rights Movement, and represented a move away from Establishment medicine and mainstream health care delivery. It is logical to assume that those who supported and volunteered at the clinic held some similar beliefs as well. This is not to say that to work there one had to be liberal, but the volunteers certainly knew what type of organization they were joining and they had to support its politics on some level. It could be assumed, then, that even the more conservative volunteers had *some* liberal leanings, at least when it came to equal access to health care. While they might not have agreed with the Counterculture lifestyle which many of the clinic's patients engaged in, including drug use and sexual activity, they did recognize the need for non-judgmental and open access to health care. Liebowitz himself is a good example of this. Although he identified as a conservative, his beliefs surrounding health care access were much more liberal. Phil

⁴⁰⁵ David Mizrahi, interview by author, Las Vegas, Nevada, June 6, 2013; Helfman, interview.

⁴⁰⁶ Ibid.

Deitch notes that Liebowitz was “much more Establishment but liberal with his beliefs and so he could do what he was doing in the free clinic.”⁴⁰⁷

The free clinic was not politics-free; Frances Helfman remembers that there were “lots of little bits of politics and jealousies that came out.”⁴⁰⁸ But staff always seemed to find a way to work together despite ego and personal beliefs. Still, with the sheer number of volunteers working at the clinic, along with the diverse patient population that ranged from drug addicts to runaways to single parents to Neo-Nazis, it is impressive that the clinic held together during this turbulent period of time. By May of 1969, the LAFC had over 300 volunteers on staff and saw more than 1200 patients per month.⁴⁰⁹ The LAFC saw 12,931 medical cases (not including the other services) in the past year, and of those, 75% were between the ages of 18 and 24.⁴¹⁰ The counseling department expected to see over 2,000 cases in 1969.⁴¹¹ Each night, a different 30 volunteers came in to run the medical and legal clinics.⁴¹² It is even more impressive to remember that most of the staff had no experience in running a social service, very few had experience in social activism, and almost all of them were working full-time jobs outside of the clinic in their own career paths. Marsha Getzler remembers, “it was a functioning disaster! The word

⁴⁰⁷ Deitch interview.

⁴⁰⁸ Helfman interview.

⁴⁰⁹ “Kids Who Can’t Cope,” *Los Angeles Magazine*, May 1969, p. 33.

⁴¹⁰ Noel Greenwood, ““One of a Kind Medical Facility Never Gives its Patients a Bill,” *Los Angeles Times*, June 29, 1969.

⁴¹¹ Ibid.

⁴¹² Kelly Hodel, interview by author, Brentwood, California, April 8, 2013.

dysfunction fortunately didn't exist because we might have taken it seriously.”⁴¹³

Volunteers focused on the job at hand, and somehow everything got done. Getzler, reflecting on Katherine Craster's poem, compared the clinic to a centipede that could walk perfectly as long as no one questioned which foot she put down first; if she thought too hard about it, she would stumble and fall. In other words, as long as the staff did not dwell on *how* things managed to get accomplished with so few resources, things somehow got done. Each volunteer's actions were a small part of a much larger and meaningful whole. As Getzler recalls, “It was a fly by the seat of your pants operation, and we were all very young so we thought we could do it. And so we did!”⁴¹⁴

The clinic was not a peaceful and harmonious place, but the staff made it work. In those early years, Liebowitz, Korngold, and Deitch argued over many things involving the clinic, so much so that in 1968 an administrator, Bill Kelly, was hired to oversee the day-to-day running of the clinic. He became the first paid administrator of the Los Angeles Free Clinic; under Kelly, the clinic ran relatively smoothly as he was able to coordinate the various programs. While some of the ongoing “functional dysfunction” could be due to the differences in politics, it could also simply be attributed to differences in opinion and growing pains. When starting up an organization of such size, and with so many different people throwing in their input, there were bound to be conflicts. The Los Angeles Free Clinic was good at taking those growing pains, working through them, and turning them into something positive. Sociologist Gregory Weiss noted in his study of free clinics that “in almost all clinics...volunteers work side by side without attention to

⁴¹³ Getzler interview.

⁴¹⁴ Ibid.

the usual status gradations. When clinics are busy, they tend to be very busy, and attention is focused on patients and patient care.”⁴¹⁵ This egalitarian nature of the clinic fostered both conflict and coexistence. Clinics walked a thin line between too much structure and a lack of organization. Some measure of leadership was needed, but as Dr. David Smith notes, “it’s pretty hard to keep an organization functioning which is managed by speed freaks. Their reliability tends to be cyclical.”⁴¹⁶ Thus as the LAFC grew, it became necessary to expand and hire on more paid staff. Though they were paid very little, it was enough to keep them involved for longer periods of time, since the volunteers tended to have high turnover rates. This gave the clinic some sense of stability, and helped keep things moving smoothly. The LAFC never had a single shut-down due to lack of funding or political disagreements.⁴¹⁷

Frequent board meetings allowed for staff to voice concerns. The Los Angeles Free Clinic had a uniquely democratic method of choosing its board members. Each distinct group - doctors, nurses, lawyers, administrators, and so on - elected one representative to attend the meetings. Membership could change at any time, and administrator Kelly Hodel joked that he “never [saw] a board meeting where we had the

⁴¹⁵ Gregory L. Weiss, *Grassroots Medicine: The Story of America’s Free Health Clinics* (Lanham: Rowman and Littlefield Publishers, Inc., 2006), 139-140.

⁴¹⁶ *The Free Clinic: A Community Approach to Health Care and Drug Abuse*. Edited by David E. Smith, David J. Bentel, and Jerome L. Schwartz (Beloit, Wisconsin: Stash Press, 1971), xv.

⁴¹⁷ They came close to shutting down over lack of funding on several occasions, but someone (usually a Hollywood celebrity or musician) would step in and make a large donation to keep the clinic afloat. The Los Angeles Free Clinic has remained continuously open since its rebirth in January of 1968. This makes it the longest continually-running free clinic in the United States. The Haight Ashbury Free Medical Clinic did open earlier, in June of 1967, but it closed down several times in its early years due to lack of funding.

same people twice in a row.”⁴¹⁸ Hodel remembers that the monthly board meetings were “very heated and dramatic” and that people would often choose sides.⁴¹⁹ But in the end, these debates were never detrimental to the clinic’s daily existence or success. Staff voiced their opinions, made their beliefs known, and then moved on. In some ways, the board meetings allowed staff to release some steam and vent but in a more controlled setting. Hodel called them “the most violent group therapy sessions I’ve ever attended,” adding, “The board meetings were very lively and spirited because people had emotional investment. But the right decision always seemed to come out of it. Sometimes it would take two or three hours. The board meeting was supposed to be an hour. But it worked.”⁴²⁰ He expressed concern over the heated meetings, but came to realize that it was contained to the board meetings and did not slip out into the everyday operations of the clinic itself as the volunteers were too busy then to voice much dissent.⁴²¹ The board meetings were open and anyone could come to discuss problems, vent, or offer suggestions. It was a very democratic and transparent system.

Draft counseling was also a place where politics met with activism. Here the welfare of the clientele typically took precedence over personal beliefs. Due to the free clinic's non-judgmental policies, young men often came in for draft counseling and to obtain letters from a doctor that would effectively exempt them from the draft and from

⁴¹⁸ Kelly Hodel, “Proceedings of the First National Free Clinic Council Symposium” in *The Free Clinic: A Community Approach to Health Care and Drug Abuse*, Edited by David E. Smith, David J. Bentel, and Jerome Schwartz (Beloit, Wisconsin: Stash Press, 1971), 18.

⁴¹⁹ Hodel interview.

⁴²⁰ Ibid.

⁴²¹ *The Free Clinic*, 19.

being sent to fight in Vietnam. But this also often meant falsification of medical records, which was illegal. A doctor who did so risked losing his medical license and jeopardized his entire career and reputation. According to Liebowitz, the doctors at the free clinic did it on a fairly regular basis. Liebowitz recalls that the doctors at the free clinic, "even the conservative ones, would write the necessary letter to prevent someone being drafted...Our doctors stepped up to the plate."⁴²² Murray Korngold remembers things differently, saying that the only person he actively tried to gain a draft exemption for, based on psychological evidence, was his own son, but this occurred after he left the clinic.⁴²³ Korngold related, "I wouldn't do it while running the free clinic because it would have been dangerous. Because too many people were against it. I mean too many doctors didn't like the fact that the free clinic [did draft counseling]".⁴²⁴

While most conservatives continued to back the war as an anti-communist or humanitarian measure, there certainly were conservatives who opposed the war as well. As the conflict dragged on, and the casualty rate grew, some conservatives became disillusioned. After the events of the Tet Offensive in January of 1968, the war seemed more and more unwinnable, and public opinion certainly shifted to reflect that. Andrew Preston and David R. Swartz note that many evangelical Christians were wary of America's role in Vietnam and began to question the overall purpose of our involvement,

⁴²² Liebowitz interview.

⁴²³ Korngold interview.

⁴²⁴ Ibid.

especially after early 1968.⁴²⁵ Republican senator Mark Hatfield publically opposed the war and worked on legislation to bring about its conclusion.⁴²⁶ Still, it is hard to imagine staunch conservatives signing off on draft dodgers, especially when it meant endangering their medical licensing.

Despite political differences, high turnover rates, and the constant growing numbers of patients, the clinic forged on. As Liebowitz notes, “everyone just enjoyed it. And they would look forward to it. They would spend three to four hours and they became as crazy as everyone else, but were having a very very good time.”⁴²⁷ Somehow the fledgling operation found a way to overcome the challenges associated with founding a non-profit. They obtained a new permanent location, and became a legal entity with articles of incorporation and by-laws. Money trickled in, though it always remained tight, and volunteers bridged their political differences and worked together to allow the clinic to thrive in its new home. By mid-1968, the Los Angeles Free Clinic had made a place for itself in the Fairfax District and had earned a reputation as a hippie clinic.

⁴²⁵ Andrew Preston, “Tempered by the Fires of War: Vietnam and the Transformation of the Evangelical Worldview” in *American Evangelicals and the 1960s*, Edited by Axel R. Schafer (Madison: The University of Wisconsin Press, 2013), 190. David R. Swartz, “The Evangelical Left and the Move from Personal to Social Responsibility” in *American Evangelicals and the 1960s*, Edited by Axel R. Schafer (Madison: The University of Wisconsin Press, 2013), 217.

⁴²⁶ Swartz, 218.

⁴²⁷ Liebowitz interview.

“Internal Explosion”

The drug culture that developed during the mid-to-late 1960s certainly had an impact on the Los Angeles Free Clinic. As in the Haight Ashbury Free Medical Clinic, drug use and abuse was prevalent among the many ailments that the Los Angeles Free Clinic treated. Yet not everyone within the clinic viewed recreational drug use as a negative thing. As differing politics and opinions on drug use in the facility simmered, an “internal explosion” ultimately occurred, pitting the two main medical founders, Liebowitz and Korngold, against each other and leading to the development of factions among the clinic’s staff.

According to Dr. Barry Liebowitz, “there was a group in there that felt that the answers to everything, including illness, was through the use of hallucinogens. And they formed a very strong block. And so I had to take them on.”⁴²⁸ By this point, LSD was illegal to use in the state of California, and possession of it would result in arrest and incarceration. If LSD was discovered at the Free Clinic, especially being distributed to its patients and clientele, the clinic risked being shut down completely, thus ending its services to a wide range of patients who depended upon them. Liebowitz was unwilling to place the entire operation and existence of the clinic on the line, especially over the use of illegal substances. The clinic was now responsible for the health care and well being of the community, and there could be no negotiating over their stance on drugs *in* the clinic. The Haight Ashbury clinic held a similar view; the clinic did not condone drug use and drugs were not permitted in its waiting room, though users did continue to use outside on the streets.

⁴²⁸ Liebowitz interview.

Murray Korngold led the other side of this argument. Since he had extensive experience with LSD, both on a personal level and on a research level, he certainly had different opinions about the drug than Liebowitz did. According to Korngold, engaging in LSD “was a very important part of my life. It changed my attitudes about a lot of things, loosened me up considerably.”⁴²⁹ But Korngold denies trying to get clinic patients to use LSD. Rather, people assumed he was handing out LSD since he had such strong opinions on the drug. Factions developed among both volunteers and patients at the clinic. Yet even though volunteers tended to side with either Liebowitz or Korngold, the tension level within the clinic remained relatively low. There were always larger and more important issues to worry about, including funding for the month, acquisition of medical supplies, and maintaining the volunteer schedule; business went on as usual.

The debate between Liebowitz and Korngold over the use of drugs at the clinic mimicked and amplified the larger national debates over drug use. The public perceived drug use and abuse as a growing menace throughout the 1960s; youths who experimented with drugs were blamed for a wide array of the nation’s ills. As David Farber has shown, the rising use of marijuana and LSD in the mid-to-late 1960s created a tremendous backlash among American politicians and mainstream society. This backlash led to the debates over the criminalization of LSD in 1966. The Congressional discussions were similar to the “the hearings that produced federal criminalization of marijuana in the 1930s, [as] much of what Congress heard involved highly sensational stories of drug-

⁴²⁹ Korngold interview.

induced violence.”⁴³⁰ Although Timothy Leary tried to sway opinion away from criminalization, the alarmists in Congress won out. LSD was criminalized in 1966, making its possession, use, and distribution illegal in America. It was only two to three years later that Korngold and Liebowitz were playing out the same exact debate, albeit on a smaller and more concentrated scale.⁴³¹

Things came to a head in mid-1968 when Liebowitz, Korngold, and James Coburn were invited to be guests on the Les Crane Show, a popular talk show that debated the issues of the day. During the show, Crane asked his guests what they thought about LSD, and “Barry, who tended to be rather conventional, said this is terrible.”⁴³²

Korngold, however, stated his beliefs about LSD, suggesting that:

this is a rather extraordinary event in human history. It’s like the Children’s Crusade! It’s changing the lives, it’s changing the culture of young people by the millions. I mean, you can’t simply regard this as a criminal event that needs the law to intervene. To be sure, many of the people who are doing this don’t know what they are getting themselves into and that’s one service that we [the free clinic] can provide. We can teach people the circumstances under which it is safer to experience LSD and not to deal with it as if it’s having fun. In other words, use it more responsibly.⁴³³

The interview caused a commotion; everyone in the clinic was talking about it. While Liebowitz continued to denounce the use of LSD outright and viewed it as a danger to the

⁴³⁰ David Farber, “The Intoxicated State/Illegal Nation: Drugs in the Sixties Counterculture” in *Imagine Nation: The American Counterculture of the 1960s and 1970s*. Edited by Peter Braunstein and Michael William Doyle (New York: Routledge, 2002), 31.

⁴³¹ One might also argue that an age gap contributed to the drug issue between Korngold and Liebowitz, but that does not appear to be the case. While the men were separated by 16 years, their beliefs were the opposite of what one might expect. Murray Korngold, at 47, had a long and positive experience with drugs such as LSD while Barry Liebowitz, at 31, viewed them as something more problematic. Despite his age, Korngold was an active member of the counterculture scene.

⁴³² Ibid.

⁴³³ Korngold interview.

clinic's existence, Korngold promoted its use and saw it as a useful substance to expand one's mind. Korngold recalls that the interview "created a feeling of alarm on the part of the respectable side, of those who were trying to legitimize the work that the free clinic was doing."⁴³⁴

There was good reason for alarm – the clinic was still in its infancy and a scandal over drug use and distribution could force the clinic to close its doors. The Department of Health had already tried to shut the clinic down once in 1968 for not having adequately-sized corridors; they were half an inch too small.⁴³⁵ Only a positive media campaign saved the clinic from closure. Something on the scale of an LSD controversy could draw a lot of negative attention to the clinic and bring the Department of Health down on them once more. The Department of Health would likely be less forgiving over illegal drug use than over corridor measurements. The promotion of LSD use would also bring the Los Angeles Police Department and, possibly, the Federal Bureau of Investigation down on them as well, resulting in arrests and jail terms. It was a hot issue.

By mid-1969 this debate over LSD remained a critical matter of contention. Clinic staff divided into two factions, one supporting Korngold and his beliefs that the drug could be beneficial, and one following Liebowitz and his attempts to keep the clinic as a legitimate and legal establishment. Things began to degenerate as staff and volunteers chose sides, but the daily operation of the clinic continued unhindered. The nightly medical and legal clinics were still scheduled and maintained without problems between staff members, and the majority of patients likely did not even know about the

⁴³⁴ Ibid.

⁴³⁵ Liebowitz interview.

political upheaval among the medical heads. Even Phil Deitch, present during this time, claims that the problems between Liebowitz and Korngold were not a big deal to the rest of the clinic as a whole.⁴³⁶ But to Liebowitz and Korngold, the split was getting worse and worse, and neither of them liked seeing the volunteers choose sides over it. It was clear that the issue needed to be resolved one way or another or they risked the dissolution of the organization.

As a result of the ongoing conflict, Korngold suggested that he and Liebowitz meet with the staff and patients to discuss the LSD issue and the divided politics of the clinic. Together, through open dialogue, they hoped to reach an understanding and settle the matter entirely. Korngold said he wanted to “save the free clinic from destroying itself, knocking ourselves up.”⁴³⁷ By creating a transparent conversation among both the volunteers and the patients, Liebowitz and Korngold put the clinic ahead of their own ego and political beliefs. Though they both remained steadfast in their belief that they were in the right, they were also willing to discuss the matter and reach a resolution.

The meeting took place on neutral ground, at the large and beautiful home of Art Kunkin, the publisher and editor of the *Los Angeles Free Press*, a paper that had always been a friend to the clinic and its founders. The meeting lasted for over four hours and resulted in a stalemate. Ultimately Korngold suggested that both he and Liebowitz step down and resign, effectively giving up their leadership roles in the Los Angeles Free Clinic. They could continue to contribute, advise, and volunteer, but they would no longer be in any positions of power or control. The volunteers agreed that Liebowitz and

⁴³⁶ Deitch interview.

⁴³⁷ Korngold interview.

Korngold “should not be running everything because they don’t get along with each other. And that they [the volunteers] should decide who should be running everything.”⁴³⁸ In this way, the clinic could democratically decide how to conduct business. Liebowitz and Korngold voluntarily stepped down and resigned their positions.

Korngold left Los Angeles in the Fall of 1969 and moved to San Francisco where he continued to work in private practice. Liebowitz left the clinic around 1970; he went north to Santa Cruz to help build geodesic domes, and then moved back to his hometown of New York City where he worked in the Northeast Neighborhood Association (NENA) Health Center on the Lower East Side, providing aid to heroin users and the homeless.⁴³⁹ Neither Korngold nor Liebowitz had any hard feelings about their time there nor about the way they transitioned into a solely advisory position. Liebowitz remembered, “We looked at each other and said, ‘we’ve done it!’ In other words, we got it off the ground! We were the Wright Brothers. Let someone else build a better plane or keep it flying and improve it, and they did.”⁴⁴⁰ During the interviews conducted, they each spoke highly of the other and seemed to harbor no ill feelings about their political disagreements in 1967-9. Liebowitz said, “We worked together. And it wasn’t always one hand washes the other. We saw things very very differently. But I believe that Murray [Korngold] is an exceptional *exceptional* person.”⁴⁴¹ For Liebowitz and Korngold, as well the Los Angeles Free Clinic, life went on.

⁴³⁸ Ibid.

⁴³⁹ Liebowitz interview.

⁴⁴⁰ Ibid.

⁴⁴¹ Ibid.

While the decision to remove themselves from authority positions within the clinic could be seen as an altruistic move, there were certainly other factors at play. Both Liebowitz and Korngold were overworked, and were devoting large amounts of time to the running and organization of the clinic. Both of them also were supporting themselves and needed income; thus they each worked full time jobs elsewhere. By 1969, it is not surprising that their arguments with each other were escalating in number, and that they were each growing increasingly burned out. It is likely that the decision to leave was motivated at least in some part by the desire to focus on their own work and lives, along with the feeling of responsibility to ensure the clinic would not be destroyed by ego or ambition. Certainly not all clinics functioned with such open and transparent politics, nor with the desire to put the organization above personal political squabbles.

Blurring Lines, Crossing Cultures

At the Los Angeles Free Clinic, patients often stayed on and became volunteers. For some, it was a way to pay back the clinic for the services provided, and for others it was a way to give back to the community and feel like a useful and productive member of society. Some stayed simply because they had no other place to go. For many of these patients, their time at the clinic provided them with a sense of purpose, stability, and the knowledge that they were important and needed in some capacity; it gave people hope. Simply coming in to the clinic waiting room meant that patients mixed with those from other backgrounds, too. Being at the clinic was often an eye-opening event. The patients who stayed on also had the opportunity to see and understand how different fields

worked. Some of them became interested in medicine or the law and went on to obtain jobs in those fields.⁴⁴² They wanted to help others, and their time and experience at the free clinic changed them and pushed them onto new positive paths for the future.

The clinic utilized some unorthodox methods during medical nights as they would allow female patients to serve as the chaperone during gynecological exams on other patients. A female chaperone was always required to be in the examination room during gynecological exams to protect the doctor from claims of sexual harassment or abuse, as well as to protect the patient and make her feel more comfortable. Using a patient in this capacity served a two-fold purpose. For one, it freed up the rest of the female staff who could then administer to other patients. It meant that not as many volunteers were needed for a medical night. But mostly it meant that a patient could get more exposure to the medical education on sexually transmitted diseases, pregnancy, and other reproductive issues. By blurring the line between patient and volunteer, the clinic was able to utilize man-power and also teach patients about their bodies and various diseases and disorders. Kelly Hodel noted that often if a patient came in several times with the same sexually transmitted disease, and it was clear that talking to her was not helping, they would ask her to chaperone other patients so she could hear the educational talk again and again, in the hopes that repetition would get the facts to sink in.⁴⁴³ They would also have her teach other patients about sexually transmitted diseases, and in the process she retained that information herself. It was a unique solution to a widespread problem.

⁴⁴² Liebowitz interview.

⁴⁴³ Hodel interview.

Barry Liebowitz claimed that staff at the clinic would “fall in love with the process. It changed them in some ways, too. Not necessarily their politics but more acceptance of people who were not like them.”⁴⁴⁴ The staff and patients at the Los Angeles Free Clinic gained exposure to different lifestyles and this created an atmosphere of acceptance of people who lived outside the mainstream. The *Los Angeles Times* reported that at the free clinic “hippies rub shoulders with youths from conventional family settings, afraid to go to their parents with their problem and not trusting the family doctor. Older persons are occasionally seen.”⁴⁴⁵ It was a dynamic and changing group; every night saw its own unique mix of patients and staff.

Blurred boundaries were not limited to the patients. Barry Liebowitz came into the clinic as a self-identified conservative, but began to broaden his views while there. He read books like Franz Fanon’s *The Wretched of the Earth*, often at the prompting of Murray Korngold. Many were borrowed from the Clinic’s free lending library. A *Los Angeles Times* article from June 1969 noted that “it is often impossible to tell the staff, dressed casually and comfortably, from the patients.”⁴⁴⁶ There were times when the boundaries between doctor and patient blurred a bit too much and actions had to be taken. Kelly Hodel, for example, remembers a doctor who came in to volunteer so high on LSD that he had to be sent home because “he was freaking out the patients.”⁴⁴⁷ Such disturbances were not taken lightly; doctors who did such things were asked not to return

⁴⁴⁴ Liebowitz interview.

⁴⁴⁵ Noel Greenwood, “One of a Kind Medical Facility Never Gives its Patients a Bill,” *Los Angeles Times*, June 29, 1969.

⁴⁴⁶ Ibid.

⁴⁴⁷ Hodel interview.

as it threatened the legitimacy of the clinic, as well as being a threat to the patients. While the clinic strove to create an open atmosphere and appear less Establishment, it was still an organization that had to abide by the law and maintain certain ethics. The clinic was always at risk of closure, and so some measures of caution did need to be taken. On the other side, volunteers who came with a moralizing attitude, wanting to “help lost, misguided, immoral misfits” would be asked to leave since “this attitude is what drove people to the Clinic in the first palce [sic].”⁴⁴⁸

Clinic administrator Leonard Somberg also noted that at the clinic one often could not tell the difference between the doctors and the patients. These blurred lines between the medical Establishment and the patient were necessary to maintain the clinic's goal of creating a non-judgmental and friendly atmosphere. It also helped in their drug addiction services, as those doctors and staff “who had specialized experience with drugs and the psychedelic culture were able to communicate with our clientele better than others who had no field experience or those whose counseling experience didn't apply to the special needs of the people whom the clinic helped.”⁴⁴⁹ Some believed that doctors and staff who used drugs were a benefit to the clinic in that they were able to relate to the patient base in ways ‘straight’ doctors simply could not. Drug use among the doctors and staff was not a requirement, but it did help to bridge the culture gap and allow patients to open up to the doctors and staff. Drawing in younger volunteers already familiar with the street scene was beneficial for the free clinics more generally, as their street knowledge

⁴⁴⁸ Lenny Somberg, “The Los Angeles Free Clinic, 1967-1970: A Folk History.” From the Personal Collection of Frances Helfman.

⁴⁴⁹ Ibid.

helped them relate to patients, understand the community being serviced, and know the local drug culture. These types of volunteers functioned as bridges between the clinic and the hip scene, and allowed a greater openness between staff and patient, as patients were more likely to be honest and open with a staff member to whom they could easily relate.⁴⁵⁰ According to Murray Korngold, the gap between doctor and patient was virtually non-existent in the first few years after the clinic's founding, but that began to change as time went on and the clinic became more Establishment.⁴⁵¹

One of the doctors during the late 1960s, Ron Citronbaum, started his volunteer service as a straight-laced, white-coat doctor. But within six months of starting at the clinic, he traded in his white coat for flowing robes. Kelly Hodel recalls, "it became kind of interesting because some of the doctors got kind of interested in the whole culture and such and they'd stick around when we closed at night and say, 'well, what are you guys going to do now?' And we'd say 'oh, we'll probably go over to Dave's and smoke a little weed.' And they'd ask, 'can I come along?'" It was very far from the typical behavior of mainstream medical establishments. For many of the doctors, the time spent in the clinic environment, and working with the patient base, led them to experiment themselves, whether it was through marijuana or LSD use, wearing tie-dyed clothing, or speaking the lingo of the Counterculture. All told these actions further endeared the staff to the patients, and maintained the open atmosphere of the clinic itself.

⁴⁵⁰ Freudenberger, "Free Clinics: What They Are and How You Start One," 170.

⁴⁵¹ Korngold interview.

Dysfunctional Dysfunction: The Los Angeles Gay and Lesbian Center

While the Los Angeles Free Clinic maintained open communication and transparency, this was not the case at all free clinics. Running a clinic was a hard job, attested to by the large number of failed clinics as well as the high turnover rate in volunteers and administrators as demonstrated at the LAFC. Growing pains, politics, and personal ego could cause destructive divisions, leading to the collapse of the organization. The Los Angeles Gay and Lesbian Center, founded in 1971 by a group of activists under the leadership of Morris Kight, is one example of how communication failure and divisiveness led to ugly conflict.

Originally known as the Gay Community Services Center, its focus was on providing a wide range of services to the gay and lesbian community of Los Angeles. Like the Los Angeles Free Clinic, it provided free and low-cost health care along with many other services to an underserved and under-represented population of Los Angeles. Both clinics used a similar organizational system, using volunteers along with paid staff to oversee the daily services at the center. And like the Los Angeles Free Clinic, there was a political falling out. However, in contrast to the Los Angeles Free Clinic, the problems at the Gay Community Services Center resulted in tremendous upheaval, lawsuits, boycotts, and negative media attention. While the Los Angeles Free Clinic resolved their differences in a group setting, allowing input from all staff and patients who cared to attend, the Gay Community Services Center used surreptitious meetings and simply ousted those whom they felt were problematic to the center. The problems dragged on for years, demonstrating a lack of cooperative spirit and the dangers of ego

and power politics in a non-profit. It is an indication that not all free clinics were able to resolve their differences peacefully and quickly, and that sometimes these centers simply imploded under the weight of their own issues.

In October, 1974, issues at the Gay Community Services Center came to a head. Colin MacQueen, the Assistant Coordinator of the Peer Counseling Program, noted in a sworn statement that the Board of Directors indicated that their monthly meetings would not have open attendance. Only staff that submitted an agenda item and were invited would be allowed to participate in the meetings. MacQueen also indicated that while he himself was given an invitation to speak at a board meeting, that invitation was rescinded just one hour before the meeting began. He had wished to discuss the ongoing problems amongst the staff and volunteers, noting that he "never did get the opportunity to address the Board on the matter in question and they made their decision without worker input or information."⁴⁵² Staff members June Suwara, Enric Morello, and April Allison anxiously awaited the monthly board meeting to bring some of the problems to the attention of the Board of Directors. Two hours before the meeting began, however, the venue was suddenly changed to a new and undisclosed location. A friend of a staff member notified them "that the Board meeting was to be held elsewhere; its location not to be disclosed to us and that we were not to be allowed to attend."⁴⁵³

⁴⁵² "Declaration of Colin MacQueen, May 24, 1975." Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

⁴⁵³ "Declaration of June Suwara, Enric Morello, and April Allison, May 26, 1975." Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

The discontent and squabbling simmered for another six months, during which time the Center experienced a tremendous amount of growth, both in volunteers and in leadership. The Center prepared for a major move to a new and larger facility at 1213 Highland Avenue in Los Angeles. But by the middle of April 1975, in the midst of these preparations, a group of volunteers and paid staff began calling for the resignation of Ken Bartley (Fiscal Officer) for misuse and mismanagement of funds and misrepresentation of financial matters, Don Kilhefner (Director of Program Development) for misrepresentation of facts and complicity in the mishandling of funds, and the entire Board of Directors for irresponsible management, failure to take action, failure of oversight, and for “persistently ignoring the protestations of Center workers.”⁴⁵⁴ The group cited the consequence of such actions, noting that the Center was now in a severe and irreversible financial crisis and that many workers had lost confidence in the leadership and direction of the Center. On April 27, the Board of Directors responded to the allegations and called for resignations, noting that they “have been actively pursuing solutions to the problems that have been presented to us in recent days...We appreciate the need for expeditious communication with those who share our concern regarding these matters.”⁴⁵⁵ The Board’s brief and terse letter ended by saying a report on these efforts would be out in a few days.

⁴⁵⁴ “Report read to General Meeting by Brenda Weathers, April 24, 1975.” Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

⁴⁵⁵ “Letter from GCSC Board of Directors to GCSC Management Team and GCSC Workers, April 27, 1975.” Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

On April 30, 1975, the Board of Directors of the Gay Community Services Center issued a report on the problems the Center had recently suffered through. The report noted, "There is a group of people employed and/or volunteering at the Center who we are satisfied have fomented dissidence, gone outside their own areas of concern to further that dissidence, reduced staff morale to an immobilizing degree, and seriously undermined the community's confidence in the Center."⁴⁵⁶ As a result, eleven volunteer and paid staff members were summarily fired and asked not to return to the Center. Four more were fired in subsequent days. Those fifteen staff members had no prior investigations into their work, nor had they been told their dismissal was pending. None of them had been "counseled or interviewed by the Board as a whole or by any of its members concerning any of the allegations, charges, or petitions which were presented to them."⁴⁵⁷ All of this directly violated the personnel procedures outlined by the Gay Community Services Center.

The Board of Directors made an attempt to rectify the growing problems within the Center. Ken Bartley was asked to submit his formal resignation, and he agreed (though he withdrew his verbal agreement on April 24).⁴⁵⁸ The Board also rearranged the leadership of the Center. This included a new management team, the addition of a

⁴⁵⁶ "Report from the GCSC Board of Directors, April 30, 1975." Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

⁴⁵⁷ "Declaration, May 24, 1974." Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 26. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

⁴⁵⁸ "Chronology of Recent Events at the Gay Community Services Center, April 29, 1975." Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

Financial Administrator (Daphne Hatfield) to the management team, and the creation of two new positions, a man and woman known as Ombudspersons to be democratically elected and serve on the Board of Directors, thus giving the staff much needed representation.⁴⁵⁹ It was not enough, or perhaps just too little, too late. The fired workers, now calling themselves the Gay Feminist Eleven, began a strike outside the Center and issued a boycott of its services.

While the Board maintained the firings were necessary to maintain the functioning of the clinic, others felt it was purely political in nature and the result of a power struggle between the staff and the Board of Directors. On May 5, Ed Culp, the Director of Volunteers, issued his own statement on the incident. In a letter sent out to every volunteer, Culp outlined the incident and the resulting terminations, claiming that management used the firings to “side-step the issue of their [management’s] responsibility in these issues.”⁴⁶⁰ Culp also noted that more was at stake than just jobs. Culp and others spent years trying

to make the Center an open, nurturing environment for ourselves and other Gay people. This environment is in danger. It cannot exist in a Center where an elitist, upper-class Board, who spent no time in direct delivery of services, dictate policy...where management team men attempt to control the programs and energies of women, and where Third World minority Sisters and Brothers are denied space to develop a gay consciousness relevant [sic] to their experience.⁴⁶¹

⁴⁵⁹ “Report from the GCSC Board of Directors, April 30, 1975.” Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

⁴⁶⁰ “Letter from Ed Culp to Volunteers, May 5, 1975.” Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

⁴⁶¹ Ibid.

Culp called for all volunteers to join the strike and boycott, and to contribute to the legal defense fund of the Gay Feminist Eleven.

By May of 1975, events began to climax. Protesters stood outside the Center with signs, and tried to prevent any volunteers from entering the premises. The picketers banged on windows, spat upon workers, and verbally harassed the staff, sometimes running through the building and yelling obscenities; the Board of Directors also claimed that on one occasion a picketer attempted to burn down the Center using a lit cigarette.⁴⁶² The Board of Directors sent out a report to the gay community of Los Angeles, calling the event an “organizational crisis” due to too rapid growth and the hiring of too many new volunteers.⁴⁶³ They claimed that the fired workers tried to politicize the Center and its clientele, resulting in the problems they now faced.

By the second week of May 1975, the Center ceased its services to the community. In July, the Gay Feminist Eleven became the Gay Feminist Sixteen as another five workers were let go. By September, other organizations, including the Westside Women’s Health Care Project in Santa Monica, showed their support for the Gay Feminist Eleven; the clinic coordinator from Westside wrote, “I urge you to settle this strike, which is an embarrassment to community and alternative style service organizations, a hardship to the workers and a bad example of political action for the

⁴⁶² “Report from the Board of Directors, May 20, 1975.” Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

⁴⁶³ “GSCS Report, May 1975.” Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 24. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

entire Gay [sic] community.”⁴⁶⁴ Tensions grew as the local community, both gay and straight, began to take sides on the issue; many sided with the striking workers.

After four years of successful growth and continued development, the Gay Community Services Center fell apart amid internal dysfunction and contested leadership. By creating a Board of Directors that had no real personal connection to the Center, and who never worked as volunteers on the front lines, the Center moved the center of power from the volunteers and staff to outsiders. As volunteers and staff began to feel the management structure changing, chaos erupted, resulting in years of struggle, defamation, and lawsuits. The total dysfunction at the Gay Community Services Center emerged from a climate where dedicated volunteers felt the Center losing its alternative approach and becoming more mainstream. Such problems were mimicked in free clinics across the country, as they moved from the alternative focus of the late 1960s into becoming established health centers in the 1970s. Growing pains often came at the cost of clinic closures, evidenced by the sheer numbers of failed clinics by the mid-1970s. Across town, the Los Angeles Free Clinic continued to provide uninterrupted services to its clientele in a relatively drama-free setting. While the Los Angeles Free Clinic went through similar growing pains as its client base enlarged, it did not suffer such catastrophic dysfunction as did the Gay Community Services Center, located just miles away.

A final resolution to the problems at the Gay Community Services Center was not reached until 1978, over three years after the initial incident. In 1978, the Center reached

⁴⁶⁴ “Letter from Hope Blacker to Ben Tiller [sic], September 2, 1975.” Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 25. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

a legal settlement with the employees who had been fired, paying out a total of \$90 per plaintiff, with the exception of Jeanne Cordova, along with their back pay from November 1974 to April 1975, which the plaintiffs had not yet received.⁴⁶⁵ In return, the lawsuit against the Center was dismissed, and the plaintiffs formally called the boycott to an end.

Conclusion

In 1968, a group of strangers came together in Los Angeles to create an organization focused on the needs and welfare of the local community. Despite its disreputable origin, the Los Angeles Free Clinic has since developed into a place of compromise, teamwork, and openness to anyone in need. By developing a space for interaction between people with different beliefs and lifestyles, the free clinic helped to blur the artificial socio-economic, cultural, and political boundaries that divided them. By bringing together volunteers and staff from both the political right and left, from Establishment and Counterculture, the clinic fostered diversity and acceptance, and worked to foster alliances between these diverse groups. The clinic became a place known for its compassion and understanding as it continually sought to live up to its mission of providing non-judgmental health care.

At times, the clinic utilized truly innovative methods to create that feeling of openness and tolerance. The drug culture was always prevalent and visible at the clinic, even among the staff, but many felt this also fostered alliances between mainstream

⁴⁶⁵ "Settlement Agreement." Morris Kight Papers and Photographs, Coll 2010.008, Series 1, Box 1, Folder 26. ONE National Gay & Lesbian Archives, USC Libraries, University of Southern California.

health professionals and the Counterculture patients they served. By bridging that culture gap, the clinic could accomplish what other organizations, such as the Los Angeles County Department of Health, simply could not. As patients flooded into the tiny clinic and filled up its waiting room, the Department of Health began to wonder what it could do differently to achieve such high rates of success, particularly among this underserved population of runaways, drug users, and disenfranchised youth. By the mid-1970s, County Health would implement changes in their own policy and open up a health clinic in an attempt to emulate the Los Angeles Free Clinic. It was an indication that things at the Free Clinic were working, however unconventional they may have seemed to mainstream society.

The Los Angeles Free Clinic used open communication and a democratically-run system to ensure that everyone had a voice, and that everyone's needs were being met. The transparency of the organization meant that all issues were out in the open, even the major disagreements between its founders. Even when the LAFC experienced periods of division, such as occurred in the debates over LSD use, its staff found ways to make things work. In contrast, the Gay Community Services Center represented the catastrophic meltdowns that could happen when paths of communication were shut off and when dissidence created factions. The closing off of board meetings, the mismanagement of monies, and the growing power of a distant and aloof Board of Directors led to years of problems, the effects of which stretched across the entire gay community of Los Angeles which relied on the Center's services.

Within its first few years of existence, the Los Angeles Free Clinic survived con artists, closure, and internal factionalism but somehow managed to keep itself moving forward. Like the centipede's legs, the clinic worked as one cohesive unit, with everyone pushing towards the similar goal of providing non-judgmental aid. Despite its constant problems, the clinic managed to function successfully within its own dysfunction, growing to become a reputable and trusted health center in Los Angeles.

CHAPTER 6

FROM ANTI-ESTABLISHMENT TO ESTABLISHED: THE LOS ANGELES FREE CLINIC GOES MAINSTREAM

Free clinics wanted to stay away from the government because there was still that culture of not trusting the government. And the fact that free clinics existed at all was some sort of recognition that the governments were failing to look after the people so most of us thought we'd exist in the community for a few years and something would come along and solve it all.

-Fred Bauermeister, Executive Director of the Simi Free Clinic⁴⁶⁶

By the early 1970s, the Los Angeles Free Clinic had become an accepted and welcomed part of the Fairfax neighborhood of Los Angeles. The clinic gained media attention through its networking with journalists like Noel Greenwood from the *Los Angeles Times* and Art Kunkin, the editor of the underground *Los Angeles Free Press*. It gained stability in its new location, and the solicitation of donations became easier as the clinic gained more city-wide attention. Financial security still was lacking, and the LAFC often survived month to month, sometimes having staff go without their small paychecks in order to pay rent on the building instead, but the grants and donations became larger and more frequent. Despite its tumultuous origins, the LAFC gained a foothold in the community, and after a transitional period of restructuring and reorganizing, including losing two of its founding members, the clinic found itself growing into a fully established and recognized institution.

As the Los Angeles Free Clinic grew, it became necessary to embrace aspects of Establishment medicine and health care. This included maintaining statistical records, working with local politicians (both liberal and conservative), and dealing with the Los

⁴⁶⁶ Fred Bauermeister. Interview by author. Simi Valley, California. April 11, 2013.

Angeles County Department of Health. In its infancy the LAFC often battled with the Department of Health, including one inauspicious incident when the Los Angeles County Department of Health tried to shut down the LAFC for failing to have proper corridor measurements - they were off by one-half inch.⁴⁶⁷ Over time, as the LAFC began to mature, these relationships and networks became vital to the continued existence of the LAFC. Rather than fight the Establishment, the LAFC slowly began to embrace it but did not necessarily join it outright.

The relationship was reciprocal. As the 1970s began, it became clear that the Los Angeles Free Clinic and the clinics run by the LA County Department of Health were not natural enemies. In fact, they were attempting to help the same population in the same neighborhood at the same time. Both groups ultimately found it beneficial to work together, utilizing aspects of each others' core philosophies and finding a middle ground where both organizations could coexist. As the Los Angeles Free Clinic made peace with the local mainstream organizations and politicians, they, in turn, made peace with the unconventional free clinic in their midst which showed no sign of closing down. By 1972, the LAFC operated alongside County Health-run clinics and, while the two did not always understand each other, they made an effort to work together to provide for the people of Los Angeles who were slipping through the cracks in America's health care system.

Part of the Los Angeles Free Clinic's process of growth was to involve itself in the burgeoning women's health movement, thus expanding their services. While the LAFC never viewed itself as a feminist health care center, it did begin to provide health

⁴⁶⁷ See Chapter 4.

care specifically aimed at women. This included prenatal care, birth control and abortion, as well as pregnancy and abortion counseling services. At the same time, the clinics run by the Los Angeles County Department of Health were setting up their own women's health services, but often utilizing the model of the Free Clinic Movement in the sense of having centers that were less formal and less traditional than typical mainstream health centers.

By the mid-1970s, the Los Angeles Free Clinic was one of many free clinics functioning in the Greater Los Angeles Metropolitan Area. Among those, too, were newer clinics run by the Los Angeles County Department of Health, many of them mimicking the set up of the free clinics that they had earlier fought against. In 1975, as the LAFC prepared to move into a larger, more modern complex just down the street, it could see itself changing. The demographics of its clients, the services it offered, its volunteer base, and its relationship with both the City of Los Angeles and its political officials were evolving. Midway through the decade, the LAFC was no longer just 'the hippie clinic,' but rather an important and established part of the city's health care system. While the LAFC was still far from being mainstream, the relationships it forged with Establishment medicine helped it become a more stable and professional institution, one that was recognized by the City of Los Angeles and its people as a benefit to the community.

The Los Angeles Free Clinic Becomes Established

When the Los Angeles Free Clinic opened in 1967/8, it was viewed as an anti-Establishment organization, one that catered to hippies and drug addicts, and whose staff and volunteers were predominantly non-traditional in their ideologies. At its inception the LAFC's public image was that of an organization that challenged the medical status quo. Job Co-op Director Frances Helfman remembers that "the clinic and what it stood for was disapproved of by the general population" during its early days.⁴⁶⁸ The LAFC's reputation for dealing with hot topics such as draft dodging, birth control, and abortion also leant to the air of disapproval. Some saw the clinic as a corrupting influence, offering condoms and promoting promiscuity, and allowing those addicted to illegal narcotics a place to go without fear of arrest, thus condoning drug use and its consequences. The LAFC gave away free birth control, often to minors, which was illegal at the time, and they also treated minors for venereal disease without parental consent.⁴⁶⁹ The fact that some drug addicts died from overdoses at the LAFC did not help the clinic's case. In at least one case, two kids mixed heroin with isopropyl (rubbing) alcohol and shot up in the parking lot of the LAFC; they died before the ambulance could arrive.⁴⁷⁰ Staff member Phil Deitch notes that the LAFC was never what he would call Establishment during the five years he was there (1967-1972/3), but rather

⁴⁶⁸ Helfman interview.

⁴⁶⁹ Mizrahi interview.

⁴⁷⁰ Ibid.

was staunchly anti-Establishment.⁴⁷¹ Gradually the LAFC became more and more accepted by mainstream politicians, health care workers, and Angelenos at large.

While the clinic did not often face outright protest, picketers, or attempts to shut it down, it did face more subtle judgment from the local community. In its early years, the clinic saw a large number of runaways and transient young people, many of whom had no place for food or shelter in the city. Many of them were also Jewish. Frances Helfman contacted Temple Beth-Am, a conservative Jewish synagogue located just two miles from the Los Angeles Free Clinic. The Temple had a kitchen and a large room that Helfman hoped could be utilized as a shelter and soup kitchen for the young transients the LAFC saw on a daily basis.⁴⁷² She spoke to the Rabbi's wife, Marjorie Pressman, saying, "I feel we have an obligation to look into this and to see what we could do to help their lives a bit," but the conversation led nowhere.⁴⁷³

Ultimately, Helfman recalls, a letter was sent from Rabbi Pressman to all members of the Beth-Am congregation, asking the congregants to decide "whether a rabbi should be responsible only to the congregation or to the community at large and be involved in the community."⁴⁷⁴ They voted to only allow congregants to use the facilities, leaving Helfman and others at the LAFC disappointed but not particularly shocked at the decision.⁴⁷⁵ While there was no definitive statement on why the Temple

⁴⁷¹ Deitch interview.

⁴⁷² Helfman interview.

⁴⁷³ Ibid.

⁴⁷⁴ Ibid.

⁴⁷⁵ Ibid.

declined to allow the LAFC the use of its facilities, it is likely that the congregation did not want the types of people who used the clinic to become regulars loitering around the Temple.

During the late 1960s and early 1970s, staff at the free clinic participated in community outreach, handing out flyers at the YMCA and other community centers, having dinners to help spread awareness of the clinic and its programs, and even going to people's homes to discuss the clinic and its services.⁴⁷⁶ Kelly Hodel, for example, gave a talk on "Youth and the Free Clinic Movement" for the Democratic Club in Sherman Oaks, held at a private residence.⁴⁷⁷ In part, this outreach sought to combat the negative feelings some members of the community harbored against the LAFC. Clinic director Lenny Somberg tried to connect with the Jewish Senior Center next door, and always believed a partnership would benefit both sides by providing the seniors with activities and keeping them engaged with the world while simultaneously giving the youths an opportunity to serve the community and gain some insight from the seniors. This connection never materialized and eventually the Senior Center moved locations. The relocation was possibly a result of the LAFC being next door, and clients loitering outside both buildings, often late into the evening.⁴⁷⁸ Kelly Hodel and David Mizrahi often did speaking engagements, sometimes at the local high schools discussing casual drug use among youths, or for local businesses or clubs.⁴⁷⁹ This type of outreach work

⁴⁷⁶ Ibid.

⁴⁷⁷ "News in Brief," *Los Angeles Times*, July 21, 1970, p. SF6.

⁴⁷⁸ Helfman interview.

⁴⁷⁹ Mizrahi interview.

helped to foster a positive image in the community, and spread awareness of what the clinic was doing, bringing in more clients but also bringing in more volunteers.

Community awareness meant the ability to help more underserved people. Awareness led to interest and, staff hoped, that interest would then lead to donations of either time or money.

Within the first few years of its development, clinic staff began to provide more structure to the LAFC, creating set hours and services. The logistics of running a free clinic remained immense, but structure and stability made this easier, and also brought a sense of legitimacy to the LAFC. According to Frances Helfman, “you realize at one point that you had to bring structure to this. How far can you go if you don’t have the structure that’s necessary? So little by little, one by one, all of us started to work toward that – forming committees and working on by-laws and working on personnel policies and working on ideas on how to raise money.”⁴⁸⁰

In many ways, this structure mimicked other Establishment health care organizations, in particular the community health clinics and those being run by the Los Angeles County Department of Health. The LAFC also utilized Establishment doctors, nurses, and other volunteers, thus lending a sense of validity to the organization.

Administrator Bob Alschular notes, “There were some established doctors, there were established, well-respected people on the Board of Directors and so it gave [the clinic] a sense of legitimacy, I think. Certainly the clients and the staff didn’t - a lot of us looked like our clients. But most of the people on the Board were from established parts of the

⁴⁸⁰ Helfman interview.

community.”⁴⁸¹ The constant staff turnover prevented anyone from becoming too established on the Board or at the LAFC. Board members came and went, and administrators often lasted less than two years. This constant upheaval created an anti-authority vibe, as no one was ever in control for too long. Some, like Kelly Hodel, viewed this as a positive thing, as “the flow of new people keeps it vital and alive. Nobody gets comfortable with a comfortable salary so it’s always improving.”⁴⁸² Hodel noted that as a result, there’s “a lot of turnover, but it’s good. You don’t want somebody who’s been there for ten years and knows it all.”⁴⁸³

The high turnover rate also meant that no one was too experienced with running the clinic and its services, and the high turnover rate meant that new volunteers constantly had to learn the ropes and figure out how things were done. While they might bring in new and better ideas, there was also the possibility that they might bring down the whole clinic structure. Every time administrative staff changed, it could mean alterations to the already established methods of fundraising, structuring, and gathering patient data. The LAFC walked a fine line between providing structure, forming committees, and gaining a solid legal foundation for the clinic and maintaining its reputation as an anti-Establishment health care center. In order to keep its clients, it was important to keep its core beliefs intact, particularly that of non-judgment and its anti-Establishment appearance.

⁴⁸¹ Alschular interview.

⁴⁸² Hodel interview.

⁴⁸³ Ibid.

Even in terms of fundraising, the Los Angeles Free Clinic tried to maintain its anti-Establishment nature, veering away from government funding as it would mean increased government control. Overall, the LAFC felt it was intrinsic to maintain its independence from outside influences. Frances Helfman recalls,

We always felt that we wanted to try and keep a certain portion of the money that was collected by us that would keep us independent of anything else. And I remember when it would be brought up when times were bad that we could go into a government program and become a government clinic. And we would look at the forms that the patients would have to fill out, and what the requirements were, and what we would have to do and we did not want that bureaucracy. We would lose our freedom. We would lose something of the core principles that the clinic was founded on. And we wanted to keep that.⁴⁸⁴

As a result, the LAFC declined some aspects of government funding, and any type of funding that came with bureaucratic strings attached. In order to best serve their clients, the LAFC had to maintain control over its programs and spending. In some ways, this meant forgoing secure sources of donations and funding in order to keep some measure of economic freedom. As the LAFC transitioned from anti-Establishment center to more established institution, it continued to draw from both sides. Kelly Hodel notes, “It took a different kind of administrator in those days to run it [the LAFC]. You had to have one foot in the street and one foot in the Establishment. And now it’s become very sophisticated, quite straight.”⁴⁸⁵

Even finding a new and larger location proved difficult for the clinic. In 1975, Seniel Ostrow, a local philanthropist, was instrumental in helping gain access to a new building; the clinic had the money to move, but the designer did not want to sell it to

⁴⁸⁴ Helfman interview.

⁴⁸⁵ Hodel interview.

them simply on the basis of who they were and the type of clients they served.⁴⁸⁶ Ostrow helped to secure the building, allowing the LAFC to move in to a brand new site just a few blocks from its original location, but one providing an extra 2,000 square feet of medical space.⁴⁸⁷ The clinic newsletter noted the old place had “Fragmented intake. Illegal sized hallways. Counseling in the supply room. Dental lab in a closet. Medical records stored in the alley. Termites and roaches. Dreary and overcrowded.”⁴⁸⁸ The new building was 5,000 square feet, featuring more room, a central intake area, large windows, and wide hallways. It had “room to serve people with dignity.”⁴⁸⁹ All told the clinic raised over \$100,000 in preparation for the move, enough to cover the down payment, moving costs, and some remodeling.⁴⁹⁰

By now the clinic had also received recognition from local government including the Los Angeles County Board of Supervisors, the City Council, the office of the mayor, and the California Senate and Assembly.⁴⁹¹ The LAFC even received a special commendation from the County of Los Angeles, given by Supervisor Ernest Debs. The commendation noted how “this alliance of youth administrators and medical and legal professionals has earned the deep respect of their community for their courageous determination to meet directly the needs of an unorthodox and often troubled young

⁴⁸⁶ Helfman interview.

⁴⁸⁷ Jim Stingley, “Free Clinic Goes to the Establishment,” *Los Angeles Times*, May 21, 1975, p. F1.

⁴⁸⁸ “Contact,” The Newsletter of the Los Angeles Free Clinic. Volume IV, No. 3 (October 1975). From the Personal Collection of Frances Helfman.

⁴⁸⁹ Ibid.

⁴⁹⁰ Ibid.

⁴⁹¹ Jim Stingley, “Free Clinic Goes to the Establishment.”

generation” and called the LAFC a “much needed and very worthy humanitarian project.”⁴⁹² Now supported by politicians and gaining funding from local wealthy philanthropists, the LAFC enjoyed its place as an anti-Establishment establishment.

Teamwork with the Los Angeles County Department of Health

When the Los Angeles Free Clinic first opened in 1967, the Los Angeles County Department of Health seemed wary of the new organization, and afraid of losing clients to an establishment whose motives and methods they were unsure of. At that time, it was not entirely clear what the free clinic was operating as, and if it was a legitimate place for young people to go for medical care and mental health. The LAFC’s involvement with drug addicts and hippies made many question its professionalism and legitimacy as well. The LAFC likewise bashed the programs run by the Los Angeles County Department of Health, noting the number of patients who were coming to the LAFC instead of the County clinics, some of which operated within a few miles of the LAFC.⁴⁹³ LAFC administrator Kelly Hodel estimated that the LAFC saved Los Angeles County some \$400,000 each year in costs simply from the number patients that came to them rather than attend the County’s clinic programs.⁴⁹⁴

The LAFC used these numbers to publicize themselves, promoting their work within the community and at the same time attacking the Department of Health for not living up to its mission. Administrator David Mizrahi recalls that whenever the LAFC

⁴⁹² From the Personal Collection of Marsha Getzler.

⁴⁹³ Mizrahi interview.

⁴⁹⁴ Hodel interview.

staff gave an interview on the radio or in the newspapers, they always mentioned “we’re saving the taxpayers hundreds of thousands of dollars and these people that are coming in they are not going to traditional care, and that’s why they are coming to us and we need support.”⁴⁹⁵ In this way, the County’s lack of action was utilized as an effective reason to donate to and support the LAFC. The fact that the free clinics existed at all was viewed by the LAFC as a condemnation of the County’s health care programs.⁴⁹⁶ According to Mizrahi, “We [the LAFC] wanted them to go to the County! To me, personally, that’s who should be taking care of them! The free clinic was there because they [the clients] weren’t going.”⁴⁹⁷

The Los Angeles County Department of Health made an attempt to unite the clinics in early 1968. They offered to provide complete funding for the LAFC if it would explicitly write “I cannot afford to pay for these services” on its intake forms. The LAFC “refused because such a stipulation would compromise their belief that people should not have to qualify for something that is a basic right.”⁴⁹⁸ Although they desperately needed the money, the LAFC staff determined that “at least 25% of our patient load could afford to pay for the services but preferred the autonomy of the clinic, therefore, the County’s statement would deny them service. It was further determined that any single organization which was funding our entire overhead might try to control the clinic by pulling the purse strings and based on these two points, the Board of Directors voted to

⁴⁹⁵ Mizrahi interview.

⁴⁹⁶ This sentiment was found in clinics across the United States, many of whom attacked the American health care system for its unequal access and high costs.

⁴⁹⁷ Mizrahi interview.

⁴⁹⁸ “Minorities Change the Free Clinics,” *Los Angeles Weekly News*, October 5, 1973.

decline the County's offer."⁴⁹⁹ Despite a critical need for funding, the LAFC opted to stand by its mission statement and maintain complete equity among its possible patient base. It meant continuing to scrounge for resources and money, and ultimately might have led to the LAFC's closure due to lack of financial backing, thereby affecting all of the clinic's clients, but clinic staff felt they had made the right decision in turning down the County's offer. The impulse to remain independent outweighed the need to be financially secure.

The Los Angeles County Department of Health maintained a health clinic just down the street from the LAFC in the neighborhood of West Hollywood, but it was not popular. Patients avoided the West Hollywood clinic and went to the Los Angeles Free Clinic instead, even though the two clinics were only a few blocks apart. David Mizrahi believed that patients felt less comfortable at the county clinics due to their lifestyle choices, and that many patients felt they would not be accepted or treated well at the county clinics.⁵⁰⁰ The County facility also shared a wall with the West Hollywood police station, making it an uncomfortable option for clients, especially those who feared authority, who used illegal narcotics, or who were runaways. At the LAFC, a contingent of clients would often hang out in front of the building, as they felt it was a safe environment and a place where they were understood.⁵⁰¹ This type of loitering was something that could not happen at the County clinic in West Hollywood, especially with the police so close. The county clinics also asked a lot more questions, and had their

⁴⁹⁹ Kelly Hodel, "The Los Angeles Free Clinic History, The Early Years, 1967-70." From the Personal Collection of Frances Helfman.

⁵⁰⁰ Mizrahi interview.

⁵⁰¹ Mizrahi interview, Alschular interview.

clients fill out more bureaucratic forms that did the LAFC; many patients saw this as an infringement on their privacy and thus refused to seek services from the county clinic.⁵⁰²

The County was uncertain how to remedy the situation and bring in clients. It was especially irksome for the County knowing that the LAFC was inundated with clients, so many that they were turning people away. David Mizrahi notes,

I don't think they quite knew what to do with us. Because here they're sitting with their clinics too far away and with nobody there. Here we are jammed every night. Jammed. And I think they began to realize, we need to talk to these people, we need to capture their clients and find out how we can do it. And so that's what they hired me and Kelly to do. We said be friendly, don't judge anybody, make your place look not so sterile, and they did that.⁵⁰³

Richard Rominick, aid to County Supervisor Ernest Debs, and Ernest Debs himself hoped to foster a relationship between the two clinics. Debs felt that a partnership between the County clinics and the free clinics was ideal, as both were fighting venereal disease and working to make Los Angeles a healthier and safer city. Debs claimed, "I didn't see long-haired hippies...I saw kids with syph[ilis] and hepatitis that needed help. If we ignored them they would just keep infecting other kids...nice kids, as well as the bad ones."⁵⁰⁴ The County clinic "was staffed by hand-picked doctors who were chosen because they had the ability to communicate with the youngsters who had become hardened against society's products...products like rules, laws and forms that had to be filled out." Still, Debs' discussion on "nice kids" versus "bad ones" harkens back to the type of moralizing the LAFC and other free clinics sought to avoid. Clinic administrator

⁵⁰² Alschular interview.

⁵⁰³ Mizrahi interview.

⁵⁰⁴ Jim Newsom, "Free Clinic Offers Help," *Hollywood Citizen-News*, November 14, 1969.

Lenny Somberg noted, “The morality inherent in the present welfare system is anathema to the Free Clinic; it treats as inferior people who need help in a complex and often unresponsive society.”⁵⁰⁵ Debs’ stigmatization of venereal disease was precisely why young people rejected the County health system and favored the free clinics instead.

By the end of 1968 the existence of the Los Angeles Free Clinic helped prompt the Los Angeles County Department of Health into setting up some youth clinics of their own, building them in the style of the Free Clinic Movement. Dr. Robert C. Weiss, chief of the child health division for the Los Angeles County Department of Health, said, “They gave us visible evidence that there’s an awful lot of patients going to that type of facility and that raised the question of what was wrong with conventional facilities.”⁵⁰⁶ By November of 1968, there was media coverage of the first county youth clinic, a pilot project, opening in West Hollywood, just down the street from the LAFC at an already existing County Health facility.⁵⁰⁷ In January 1969, the County’s first youth health care clinic opened.

The cooperative effort was spurred by County Supervisor Ernest Debs, and was a two-pronged effort: the LAFC would advise the County on its youth clinic, and the County would provide the LAFC with drugs such as tetracycline, penicillin, and gamma globulin, used in treating hepatitis.⁵⁰⁸ The LAFC advised the County on how to set up

⁵⁰⁵ Somberg, “The Los Angeles Free Clinic.”

⁵⁰⁶ Noel Greenwood, “One of a Kind Medical Facility Never Gives its Patients a Bill,” *Los Angeles Times*, June 29, 1969.

⁵⁰⁷ Noel Greenwood, “County to Open Free Youth Health Clinic,” *Los Angeles Times*, November 10, 1968, p. WS1.

⁵⁰⁸ Ibid.

the clinic, and how to make it less formal and more appealing to the local youths. Debs viewed both clinics as combating the venereal disease epidemic in Los Angeles County, where an estimated 17% of the cases came from the Hollywood-Wilshire District alone.⁵⁰⁹ The county clinic in West Hollywood, “with a relaxed atmosphere and staff chosen for its ability to work with youths,” seemed to be fostering a good relationship between the LAFC and the Los Angeles County Department of Health.⁵¹⁰ By coming to the LAFC for advice, the County essentially gave its unofficial approval to the methods of the Free Clinic Movement, an important step in opening up cooperation between the two organizations. Debs noted that the youth clinic would help “to open better lines of communication between public health services and a vast segment of displaced youth who have no family doctor and no funds to cover medical costs.”⁵¹¹

The youth clinic decorated its walls with rock and roll posters and psychedelic colors, and was staffed by “young people hired from the West Hollywood area and assigned to break down any barrier that may exist between patient and clinic.”⁵¹² Debs was quick to defend both the County youth clinic and the LAFC, noting that health problems among the youthful hippie population could spread to others.⁵¹³ While many did not support the hippie lifestyle, Debs insisted “that government agencies must not

⁵⁰⁹ Noel Greenwood, “County to Open Its First Free Health Clinic for Young People This Week,” *Los Angeles Times*, December 29, 1968, p. WS1.

⁵¹⁰ Noel Greenwood, “One of a Kind Medical Facility.”

⁵¹¹ Noel Greenwood, “County to Open Free Youth Health Clinic.”

⁵¹² Noel Greenwood, “County to Open Its First Free Health Clinic for Young People This Week.”

⁵¹³ *Ibid.*

give up on disaffected young people.”⁵¹⁴ Debs added, “I don’t think any of us know the answer, but I do know this facility - and the Free Clinic - are needed.”⁵¹⁵ In an article in the *Westlake Post*, Debs proclaimed the LAFC a “humanitarian endeavor [that] provides a valuable service to the entire community, and deserves full support.”⁵¹⁶ The opening of the County clinic did not stem the flow of clients to the LAFC. By November of 1969, the LAFC was handling 1300 medical cases a month with approximately 800 counseling appointments. During a six month period in 1969, the job co-op advised 3,500 people.⁵¹⁷

Debs and Rominick hoped to get even closer ties between the LAFC and the County clinics, and ultimately, around 1969, recruited David Mizrahi and Kelly Hodel to help establish more county clinics around Los Angeles. They worked under the job title “community liaison” and, while they were under contract with the county, essentially worked on their own as freelance clinic founders and consultants.⁵¹⁸ Under their influence, the County clinics began to flourish, and their patient numbers began to rise. By the end of 1969, the County opened a new clinic in the San Fernando Valley.⁵¹⁹ It was the beginning of a more egalitarian relationship between the two organizations.

The relationship between County Health and the LAFC was often reciprocal. While the LAFC used their expertise to help set up the new youth clinic, the County

⁵¹⁴ Ibid.

⁵¹⁵ Ibid.

⁵¹⁶ “Health Dept. War on VD Advances: Seeks Ways to Bring Young People in For Medical Care.” *Westlake Post*, date cut off, 1968. From the Personal Collection of Bob Alschular.

⁵¹⁷ Jim Newsom, “Free Clinic Offers Help,” *Hollywood Citizen-News*, November 14, 1969.

⁵¹⁸ Mizrahi interview.

⁵¹⁹ Jim Newsom, “Free Clinic Offers Help.”

began to help out where they could as well. Administrator Marsha Getzler recalls receiving a phone call from a member of County Health one day asking her to meet him in their parking lot. When she arrived, she discovered that County Health was getting rid of all of their supplies of tetracycline, a broad spectrum antibiotic used to treat infections but also a common treatment for sexually transmitted diseases. The County was replacing their giant bottles of the drug with smaller bottles of one hundred pills. A gentleman working at County Health felt the still viable drugs should be used and not go to waste, and thus he called the LAFC who gratefully accepted the large donation. This act of generosity prompted the LAFC to try to negotiate with County Health to have them pay for some of the supplies since the clinic was seeing a large number of patients that should have been going to the County facilities. Noel Greenwood alluded to this deal in his June 1969 article, noting that “The clinic’s relations with the outside world have gradually improved. An agreement is being worked out with the county to help provide some drugs and equipment - but progress on it has been painfully slow.”⁵²⁰ Marsha Getzler remembers sending the clinic’s pharmaceutical representatives over to the County Department of Health to help them get a better deal on their drugs.⁵²¹ She felt it was crazy that the LAFC was getting a lower price when the county clinics were paying more.⁵²²

Debs became a major benefactor of the LAFC. Despite having strong conservative political leanings, Debs saw the need for health care in the city and

⁵²⁰ Noel Greenwood, “One of a Kind Medical Facility.”

⁵²¹ Getzler interview.

⁵²² Ibid.

supported the clinic in what ways he could. He helped the clinic to obtain its first drug grant, providing some \$60,000 for the clinic to buy medications to keep its pharmacy stocked.⁵²³ It gave the clinic some leeway in terms of its finances, and meant they would not have to beg and borrow for supplies, or at least not as often as they had been.⁵²⁴ Upon receiving that first drug grant from the county, Mizrahi says the clinic became more accepted and more mainstream.⁵²⁵

Within 18 months of the LAFC's reopening, mainstream organizations in Los Angeles County began to trust the clinic, even relying on it for information and aid. One measure of the clinic's newly found acceptance can be seen in its communication with other branches of the medical community. By the middle of 1969, staff from the University of California, Los Angeles (UCLA), Medical Center contacted the clinic to ask about drug terminology which UCLA doctors were unfamiliar with.⁵²⁶ Since the clinic had a reputation of dealing with drug users, it seemed the logical place to ask about local drug lingo. Understanding such 'hip' terminology was important in establishing a rapport with patients, and also in knowing what type of drugs they were using and how. Familiarity with the drug culture was both necessary and useful, and the LAFC was on the front lines.

The Los Angeles Free Clinic had to take novel approaches when dealing with drug abuse. One problem that was consistently faced was the changing patterns of drug

⁵²³ Helfman interview.

⁵²⁴ Ibid.

⁵²⁵ Mizrahi interview.

⁵²⁶ Noel Greenwood, "One of a Kind Medical Facility."

use in the community. Dealers would create their own blends of drugs, pressing out tablets in a pill press. Patients would then come in to the clinic with severe symptoms that doctors would not know how to treat simply because neither doctor nor patient knew exactly what had been ingested. They were often afraid to administer drugs for fear that they would just exacerbate the symptoms. To combat this ongoing problem, administrator Kelly Hodel worked closely with the local drug dealers; it was an unusual alliance, and one that could have legal repercussions, but it was one that allowed the clinic to gain important knowledge of the local drug scene. Dealers would come into the clinic and provide Hodel with samples of their products. Hodel would photograph each pill, noting its color and shape, before taking them to the Neuropharmacology Institute at the University of California, Los Angeles (UCLA).⁵²⁷ There, the pills would be analyzed for content so they knew exactly what drug(s) it contained. Hodel then made up a booklet of the photographs of the pills along with their content information; if a patient came in having a bad reaction, he or she could usually at least remember what the pill looked like and then identify it from the pill "line-up."⁵²⁸ Knowing the content of the pill meant that clinic doctors could then prescribe a proper medication to counteract it.

Hodel's connections with the local drug scene, while illegal, certainly helped provide education on drug reactions, knowledge on the ever-changing drug scene in Los Angeles, and what drugs were popular at the time. It was highly unusual, too, for drug dealers from the community to trust a place like the Free Clinic, and to risk their freedom by giving samples of illegal substances to them. It says something about the role the

⁵²⁷ Freudenberger, "Free Clinics: What They Are and How You Start One," 170.

⁵²⁸ Ibid.

clinic played in the neighborhood, and the way that the clinic was trusted, especially with regards to drug use and abuse. Since the clinic had such an open door and non-judgmental policy when it came to drug culture, it actually allowed them to have more access to information and networks than would a regular doctor's office or even the Los Angeles County Department of Health. Both Hodel and the employees of the Neuropharmacology Institute at UCLA, along with the drug dealers, could have gotten into tremendous trouble over the drug issue; however, the Los Angeles County Department of Health knew what was going on and turned a blind eye to it. It was also an indication of the County Department of Health's changing attitudes towards the Los Angeles Free Clinic and the community it served.

Similarly, the courts in Los Angeles County began requiring some of their offenders to receive counseling at the Los Angeles Free Clinic as a part of their probation.⁵²⁹ Here, counseling was free and thus completely accessible to the person on probation. It was also an indication that the legal system in Los Angeles County found the LAFC's services, including its psychological counseling, to be useful and legitimate, and at least on par with other counseling options within the city. The LAFC was an odd choice for the legal system, however, since it was no secret that drugs were often available around the clinic. In fact, several staff members were known users as well. The success rate of this program is unknown.

Despite partnerships and better communication, problems with the LA County Department of Health and the local free clinics continued. The Clinica Esfuerzo de la Comunidad, also called the Pico-Union Free Clinic, was located just west of Downtown

⁵²⁹ Ibid.

Los Angeles and just north of the University of Southern California (USC) in an area known as the Pico-Union Barrio. On September 1, 1972, Djalma Araujo, the Board Chairman for the Clinica, wrote a strongly worded and emotional letter to Dr. G. A. Heidbreder, a health officer for the Los Angeles County Department of Health, Central District. On May 16, the Clinica had provided TB (tuberculosis) testing to the community, seeing 145 people in just two hours because “so great was the community’s desire to avail itself of this vital health service.”⁵³⁰ Although 47 patients tested positive, and 33 had undetermined results, barely a dozen of them received chest x-rays to verify the existence of TB in their lungs; Araujo blamed the severe limitations placed by County Health.⁵³¹ These limitations included a lack of ability to pay for x-rays, and the necessity of using the County’s free x-ray service which is only offered during the daytime hours.⁵³² For families with working parents, these hours made it extremely difficult to obtain an appointment.⁵³³ The only other option was the Breathmobile, run out of the TB and Respiratory Disease Association, however it could only handle patients over the age of 21, eliminating some 90% of those the Clinica needed x-rayed.⁵³⁴

The Clinica asked County Health to stay open one evening, but were refused. Araujo notes that “the very few who managed to get down to the District during the

⁵³⁰ “Letter from Djalma Araujo to G.A. Heidbreder, September 1, 1972.” Kenneth Hahn Papers 155. Box 30 (3a, 3b, 3c, 3d, 4a, 4b). Health Services, Correspondence, 1968-1972. The Huntington Library, San Marino, California.

⁵³¹ Ibid.

⁵³² Ibid.

⁵³³ Ibid.

⁵³⁴ Ibid.

daytime hours were the people who were not working or those who took a very valuable afternoon off from work, at a loss of pay.”⁵³⁵ Araujo continued, saying,

The feeling of frustration and hopelessness was compounded by the fact that members of the community as well as many volunteers from other areas had to spend many hours on the phone and much more time going door to door (more than half of the people do not have phones) to notify those with results that needed attention about necessary procedures, and then have to tell them that we couldn't provide necessary follow-up. When the group finally did arrive at the Health Department, the intake worker would not acknowledge the validity of the referral letter from TB and Respiratory...The group was told it had to be retested by L.A. County Health...We really wonder if you can possibly feel the terrible grinding down of one's spirit when a barrio family and other people involved in the community want to keep the children and adults healthy and meet with nothing but cold, impersonal bureaucratic disinterest. This makes a mockery and a farce of your program statement.⁵³⁶

Araujo's impassioned description of the events indicates extreme frustration and disappointment with County Health's treatment of Clinica patients. Despite the attempts to build a relationship, in this one event of TB testing, that relationship was obviously crumbling.

With a second TB clinic set up for September 6, just five days in the future, Araujo made a final plea for County Health to live up to their mission statement and to help the Clinica serve the patients in its community, a responsibility which Araujo viewed as belonging to County Health as well. Araujo essentially demanded that County Health consider holding an evening x-ray clinic, accept the referral letters from the TB and Respiratory Disease Association, and provide a Spanish-speaking employee to help translate and ease communication issues. Araujo ended the letter with a threat: “We certainly hope for your understanding and help in this crucial matter, as we truly would

⁵³⁵ Ibid.

⁵³⁶ Ibid.

like to avoid pressing the matter farther via our many friends in the various media.”⁵³⁷

Araujo gave County Health only five days (possibly less depending on when Heidbreder actually received the letter) to respond to these health care issues. While accepting the referral letters would be relatively easy to organize, finding staff members who could work in the evening, one of whom had to be bilingual, would not be as simple to complete.

Issues such as these would arise periodically between the free clinics and the County Health Department. Working together and communicating needs had a steep learning curve, especially for two large-scale and widely dispersed organizations that, while they had similar missions in the community, had very different methodologies. This type of interaction symbolized the dynamics between these differing methods of health care delivery, but was also an indication that the two could work together, especially when communication was open and clear. However, Araujo’s thinly veiled threat of going to the media also demonstrates that the Clinica and its staff were learning how to work the system and get what they wanted. The last thing the Los Angeles County Department of Health wanted or needed was negative media attention.

The Women’s Health Movement and the Free Clinic

By the late 1960s, the growing Women’s Health Movement emphasized the demystification of medicine, especially in regard to women’s reproductive health. During the early 1970s, books like *Our Bodies, Ourselves* and the radical health politics of women like Carol Downer prompted the establishment of free clinics aimed

⁵³⁷ Ibid.

specifically at women, and often run by women as well. Women were, and still are, the largest consumers of health care in America; in 1973, women averaged 25% more trips to the doctor each year than men did.⁵³⁸ Yet women only made up about 7% of the doctors in America, including gynecologists.⁵³⁹ A process of demystification and de-professionalization meant educating the patients about their medical problems, their treatment, and helping the patient to make an educated choice in his or her treatment options.⁵⁴⁰ Patients were taught to be advocates for their own health care, to ask questions, to get answers, and to seek options. This process was seen in the women's health movement, as women 'began to take their health care into their own hands, to wrest back some control over their sexuality, their reproductive lives, and their health from their doctors.'⁵⁴¹ Women who had been raised to listen unquestioningly to their doctors began to take back the power over their own health care and free clinics were one part of this process.

This process of demystifying medicine and women's bodies took a dramatic turn in Los Angeles. In 1971, Carol Downer inserted a speculum into her own vagina and, using a flashlight and a mirror, examined her own cervix; by April, she was teaching

⁵³⁸ The Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973), 237.

⁵³⁹ Ibid., 237.

⁵⁴⁰ *A General Survey of Free Clinics as Alternatives to Existing Health Care Institutions*. Office of Youth Development, Department of Health, Education, and Welfare. (Washington, D.C., October 1972), 7.

⁵⁴¹ Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002), 3.

scores of women to do the same thing.⁵⁴² As women learned about their bodies, and viewed their own reproductive systems, they gained some control over what previously had been solely under the regulation and surveillance of the medical establishment. At the same time, they generated knowledge to combat the misinformation and overall lack of information that women had regarding their bodies and their health options.

In 1973, the Boston Women's Health Book Collective published what is arguably one of the most important works in the history of women's health care. When *Our Bodies, Ourselves* hit the market, women gained access to knowledge that had been hidden from them. As the authors note, "We had all experienced similar feelings of frustration and anger toward specific doctors and the medical maze in general, and initially we wanted to do something about those doctors who were condescending, paternalistic, judgmental, and non-informative."⁵⁴³ The book offered at-home treatments for common ailments such as vaginitis and yeast infections, thus taking some power away from the medical establishment and allowing women to self-treat in the comfort of their homes. This process of educating women about their bodies and reproductive cycles was replicated in the Free Clinic Movement's strong belief in education and preventative medicine.

Like Carol Downer and the Boston Women's Health Book Collective, free clinics helped to remove control from the medical establishment and return it to the hands of women. The free clinics' beliefs in treating the patient as a whole and not just as a disease or a body part helped in the attempt to re-humanize the field of medicine. The

⁵⁴² Ibid., 7.

⁵⁴³ Ibid., 1.

emphasis on patient options continued this process as women were allowed to choose their treatments and family planning options supposedly free of judgment at the clinics. As the authors of *Our Bodies, Ourselves* remarked, “The lack of adequate free birth control information, and even of education about reproduction, goes side by side with the moralistic and punitive attitude of many gynecologists toward unmarried and even married women who seek birth control.”⁵⁴⁴ The issue of social ethics and lifestyle choices was a gendered issue as well as a Counterculture issue and free clinics were at the frontlines of this fight.

According to founder Barry Liebowitz, there were more women working at the clinic than there were men; director Marsha Getzler, however, claimed that most of the staff were men, though she just considered that “the luck of the draw.”⁵⁴⁵ Getzler felt that women played the same roles as men, there were just fewer of them.⁵⁴⁶ Frances Helfman remembers women at the LAFC being treated fairly, noting that no one would have stood for anything less.⁵⁴⁷ Most of the staff interviewed believed that women were treated equally at the LAFC, both the volunteers and the patients. Even at the committee level and among the Board of Directors things were equal between men and women. Helfman believes that the type of people attracted to the LAFC were also the type to be attracted to the Women’s Liberation Movement and that they shared many of the same ideas about

⁵⁴⁴ *Our Bodies, Ourselves*, 238.

⁵⁴⁵ Liebowitz interview, Getzler interview.

⁵⁴⁶ Getzler interview.

⁵⁴⁷ Helfman interview.

equality and civil rights issues.⁵⁴⁸ A woman did run the in-house lab at the LAFC, and there were women on the Board, including the treasurer.⁵⁴⁹ Homosexuals were also represented as volunteers and clients at the LAFC, including the clinic's original pharmacist.

While the free clinics continued to emphasize being non-judgmental in terms of life-styles, many women criticized the clinics for still being sexist; women at the free clinics "complained about doctors who said they were tired of looking at vaginas, who performed crude pelvic examinations, and who made insensitive and moralistic comments to women."⁵⁵⁰ At the Los Angeles Free Clinic, some of the staff used their positions to try to find women to date. With access to client charts and personal information, they could determine why a woman was at the LAFC. Staff would check if female patients were free of venereal disease, look into her medical conditions, and decide if she was acceptable to date, exploiting a position of power to obtain private information.⁵⁵¹ Although the free clinics preached tolerance and non-judgment, there were still aspects of sexism, prompting women in the Free Clinic Movement to begin to organize. By 1970, less than three years after the founding of the Haight-Ashbury Free Medical Clinic, they opened the Women's Needs Center in San Francisco, which

⁵⁴⁸ Ibid.

⁵⁴⁹ Getzler interview.

⁵⁵⁰ Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger, 1979), 61.

⁵⁵¹ Alschular interview, Mizrahi interview.

operated from 10am to 5pm.⁵⁵² The program started in an employee's home due to lack of space.⁵⁵³

The Free Clinic Movement drew on the ideas of the Women's Health Movement and Feminist Movements, and began to provide specifically female-oriented health care. At Haight Ashbury, a medical clinic for gynecologic problems ran Thursdays for five hours, and included "birth control education and referral, pregnancy testing and Pap smears...and every aspect of abortion, following the *Roe v. Wade* decision."⁵⁵⁴ On Fridays, abortions were performed, and a week later girls came in for a post-abortion follow-up appointment; Mondays there was a "post-abortion counseling group not only for Haight Ashbury clients but for any women who...had abortions 'to come in and rap.'"⁵⁵⁵ Similarly, the Berkeley Free Clinic set aside one day a week when the clinic was "run entirely by and for women."⁵⁵⁶ The 1974 report on free clinics noted that "the need for gynecologic services – Pap smears, pregnancy testing, abortion counseling, birth control, venereal disease treatment – has become so great that some clinics set aside one

⁵⁵² Glasscote, Raymond M., et al, *The Alternate Services, Their Role in Mental Health: A Field Study of Free Clinics, Runaway Houses, Counseling Centers, and the Like*. (Washington, D.C.: A Publication of The Joint Information Service of the American Psychiatric Association and the National Association for Mental Health, 1975), 199.

⁵⁵³ Ibid.

⁵⁵⁴ Ibid.

⁵⁵⁵ Ibid., 200.

⁵⁵⁶ Robert J. Bazell, "Health Radicals: Crusade to Shift Medical Power to the People," *Science, New Series*, Vol. 173, No. 3996 (Aug. 1971), 508-509.

evening each week to deal with only these types of patient visits.”⁵⁵⁷ As clinics saw the need for specialized care for women, these programs grew.

At the Los Angeles Free Clinic, a woman brought in her 15-year old daughter to be fitted with a diaphragm. When asked why she came there, she replied “the main reason...is the attitude. It’s like they are open and responsive to feelings and perceptions of people. A regular MD would lecture or show disdain if I took my daughter – a kid 15 going on 20 – to be fitted for a diaphragm. The issue here is what’s right for the kid.”⁵⁵⁸ The South Bay Free Clinic maintained a “roster of professionally trained women, most of them mothers” to help young female patients understand options on everything from birth control and VD testing to abortions.⁵⁵⁹ These female professionals could help patients who were in difficult situations and who might not feel comfortable talking to a male doctor about pregnancy, abortion, and birth control. Drawing on ideas espoused by the women’s health movement, free clinics utilized networks of women who had been in similar situations, and with whom young patients would feel more comfortable discussing medical issues and options.

In the years before the *Roe v. Wade* decision that legalized abortion in America, it was both illegal and difficult to access safe abortions in Los Angeles. Under the leadership of volunteer Elizabeth Caulfield, the clinic set up an abortion counseling group that met several times a week, typically seeing around 100 pregnant women, all of whom

⁵⁵⁷ “Free Clinics.” Reports Series 27, No. 1, 5-6.

⁵⁵⁸ Jim Stingley, “Free Clinic Goes to the Establishment,” *Los Angeles Times*, May 21, 1975, p. F1.

⁵⁵⁹ Mary Ann Lee, “Free Clinic Changes Hopelessness to Hope: Only the Faces Change at South Bay Clinic,” *Los Angeles Times*, Dec. 31, 1972, p. CS1.

were carrying unwanted pregnancies.⁵⁶⁰ The group would apprise them of their various options, and then help make arrangements for abortions if that was the desired choice. According to Frances Helfman, Caulfield “formed a coalition with some rabbis and ministers around the Los Angeles area” and after receiving counseling at the LAFC, the young women would be sent to abortion clinics in Mexico.⁵⁶¹ The group was known as the “Clergy Council.”⁵⁶² Clinic staff and doctors checked out the Mexican clinics to ensure they were clean and legitimate, and members of the clinic staff would travel with the young women and stay with them during their procedure, recovery, and return home.⁵⁶³ Follow up treatment was provided by the LAFC. All of it was free of cost, including the transportation. Such efforts, Helfman believes, helped to bring about major legislative changes, as clinic staff worked on the politicians and made visible the necessity of safe and accessible abortion services.

The LAFC’s abortion work was not secret. County Health knew the clinic was doing it, and it was discussed quite openly in the press. At no point did anyone try to shut down the abortion services. Mizrahi noted that most of the women were not hippies, but were “housewives, college girls...they are all kinds, but most are not the young kids.”⁵⁶⁴ Some were married, but many were not.⁵⁶⁵ Even with changes to the abortion

⁵⁶⁰ Jim Newsom, “Free Clinic Offers Help.”

⁵⁶¹ Helfman interview.

⁵⁶² Jim Newsom, “Free Clinic Offers Help.”

⁵⁶³ Helfman interview, Hodel interview.

⁵⁶⁴ Jim Newsom, “Free Clinic Offers Help.”

⁵⁶⁵ Ibid.

laws in California, the services the LAFC rendered were important and necessary, as it could take six to eight weeks for the hospital board to approve an abortion.⁵⁶⁶

Across Los Angeles free clinics began to draw ideas from the Women's Health Movement and open up services and specialized evening clinics aimed at female clients. The Harbor Free Clinic in San Pedro opened a women's night in 1972, employing a full staff of women and seeing about 30 female patients per night.⁵⁶⁷ An 18-year old patient proclaimed the women's clinic to be "far out," noting, "I know some chicks who are afraid to have an examination by a male doctor...It's the way they were brought up. You know, a man shouldn't see you unless he's your lover or husband. I know some chicks who were really sick but were scared to expose themselves to a man."⁵⁶⁸ Two 15-year old girls walked two and a half miles each week to attend rap sessions at the clinic. One said, "I like to hear other women's views on sex, guys, whether to have children, job discrimination and whether or not men and women really are treated equally."⁵⁶⁹ Dr. Bev Palmer, who coordinated the psychological counseling program, "maintains that women in society are often taught to achieve their identity in relationship to men...Women's night...gives women the opportunity to achieve their identity in relation to other women and also to explore themselves in a permissive atmosphere."⁵⁷⁰

⁵⁶⁶ Ibid.

⁵⁶⁷ Jane Leek, "Clinic's Program by and for Women," *Los Angeles Times*, February 15, 1972, p. F1.

⁵⁶⁸ Ibid.

⁵⁶⁹ Ibid.

⁵⁷⁰ Ibid.

The Westside Women's Clinic dealt with similar issues, though they also had a partner's clinic that encouraged female patients to bring their male partners with them. According to nurse practitioner Deborah Morrill, "including men in the process of women's health care...suggests that 'women have finally found their assertiveness and autonomy, have finally explored and defined what women's health care should mean to women. And women have realized this should include educating, treating and including the men, sensitizing them to their role and expectations in terms of women's health and how they're involved in it.'"⁵⁷¹

Los Angeles County established its first free clinic run by women for women on Wilshire Boulevard in the spring of 1972. The Women's Clinic, which was only the second feminist clinic in the country, offered services such as pregnancy testing, VD testing and treatment, birth control, and counseling services; though they did not perform abortions there, they would make referrals for them.⁵⁷² By the 1980s, The Women's Clinic expanded its services. It had support groups for victims of child molestation, mothers without custody, and for people with herpes.⁵⁷³ A breast cancer support group met every Wednesday for women currently in treatment and for survivors. The group was led by a clinical psychologist who was also a breast cancer survivor and who

⁵⁷¹ Elizabeth Mehren, "Partners Share Care in Women's Clinic Program," *Los Angeles Times*, July 26, 1983, p. E1.

⁵⁷² "Staffed By Volunteers: Clinic for Women Only Opens," *Los Angeles Times*, April 26, 1972, p. D1; "Open House Fundraiser," *Los Angeles Times*, April 27, 1979, p. E13.

⁵⁷³ "Clinic to Start Herpes Group," *Los Angeles Times*, February 10, 1983, p. WS9; "Support Group," *Los Angeles Times*, October 18, 1984, pg. WS15; "Mothers Without Custody to Meet," *Los Angeles Times*, November 10, 1983, p. J21.

specialized in “psychological effect of the disease on patients and their families.”⁵⁷⁴ The clinic also had workshops with topics such as “Women and Success, Why Not?”⁵⁷⁵ The clinic thus maintained emphasis on educating women as well as treating them medically; women’s overall well-being was not just centered on issues of health care.

By 1982, women’s programs in Los Angeles County broadened to include the elderly, too, with the opening of the Older Women’s Preventative Health Services in Santa Monica. One patient there noted that she “had the experience of walking into a conventional women’s clinic and confronting the suspicious stares of a roomful of 16-year olds. ‘It’s uncomfortable for an older woman to go into a clinic where the emphasis is on birth control,’” she said.⁵⁷⁶ For the elderly, judgment and discrimination remained a problem in the medical industry, where their unique problems were often overlooked. The program, designed for women over the age of 55, provided education services, too. Some women who attended the clinic did not even know what type of reproductive surgeries they had, or even how their bodies functioned.⁵⁷⁷ Many erroneously believed they no longer needed to perform breast self-exams or have a Pap smear; most knew nothing about osteoporosis.⁵⁷⁸ The clinic movement was, thus, still evolving to meet the needs of everyone it could. By 1973, an estimated 60 specialized women’s health centers

⁵⁷⁴ “Group for Breast Cancer Patients,” *Los Angeles Times*, Oct. 2, 1986, p. G3.

⁵⁷⁵ “Topic to Be Women and Success,” *Los Angeles Times*, May 19, 1983, p. WS9.

⁵⁷⁶ Ann Japenga, “Health Program Caters to Older Women,” *Los Angeles Times*, April 17, 1984, p. G1.

⁵⁷⁷ *Ibid.*

⁵⁷⁸ *Ibid.*

had opened across the United States, maintaining services such as birth control, abortion, gynecological exams, sexually transmitted disease testing, and pre- and post-natal care.⁵⁷⁹

Through its interaction with the Women's Health Movement, the free clinics showed a gradual move towards more inclusive health care options. Both the Women's Health Movement and the Free Clinic Movement emphasized education and putting control back into the hands of the patients. In Los Angeles, women such as Carol Downer began to form their own free clinics, offering similar services but focusing solely on women. The established free clinics across Los Angeles County likewise began to offer entire evenings aimed solely at providing women's services. Throughout the 1970s, this emphasis on women's health grew, with new free clinics being founded every year.

⁵⁷⁹ "Minorities Change the Free Clinics," *Los Angeles Weekly News*, October 5, 1973.

Conclusion

By the mid-1970s, the Los Angeles Free Clinic was evolving. After surviving a tense transitional period, losing staff members, and suffering from economic insecurity, the LAFC emerged a more stable and professional organization. Staff members worked hard at community outreach programs which brought positive attention to the LAFC's activities and services. Added to that, the culture of Los Angeles, and America more broadly, began to change. The Hippie Movement was fading away, and heroin and amphetamine use were on the increase, replacing LSD and marijuana as the drugs of choice. With America's involvement in the conflict in Vietnam winding down, draft-dodging became less an issue. When the military draft ended in early 1973, so, too, did draft counseling at the LAFC.

Likewise, as the culture began to change, the patient demographics did, too, with the patient base becoming more established, and with the Los Angeles Free Clinic seeing fewer runaways and street people.⁵⁸⁰ Patients became older, and their reasons for coming evolved from overdoses to more routine medical issues. As the clinic grew, "the number of people over 30 increased slightly but noticeably, and the minority groups, particularly blacks, have grown to constitute almost one-third of the patient load. A growing number of people the Clinic now helps are less identified with the youth culture; though they are often alienated economically, their life style and values aren't as distinct."⁵⁸¹ These changes came about as the clinic offered new services and as "the Clinic's success and subsequent acceptance by some community and city officials have attracted people who

⁵⁸⁰ Mizrahi interview.

⁵⁸¹ Somberg, "The Los Angeles Free Clinic."

at first suspected the Clinic of being too radical to seek its help.”⁵⁸² By 1975, the age range of patients was from 16 to 30, but the clinic also saw more elderly patients.⁵⁸³ Once the clinic became more secure, its donor base became more secure, too. Early on, most of the large donations came from Hollywood celebrities, but their careers tended to wax and wane and money was never guaranteed.⁵⁸⁴ In April of 1974, the LAFC was one of ten free clinics in Los Angeles sharing a generous \$118,000 donation of drug and medical supplies by the Board of Supervisors. Debs noted, “these clinic perform a vital service in protecting the community and deserve continued support.”⁵⁸⁵ By 1975, the donor base transitioned to include more established philanthropists who had more stable funds as well as some political pull in the community.

By the middle of 1975, the Los Angeles Free Clinic enjoyed a unique position in the City of Los Angeles: that of an anti-Establishment establishment. It was a place that maintained its roots in the Hippie Movement and the New Left, yet also developed ties to mainstream Establishment health care, politicians, and philanthropists. They worked with the Los Angeles County Department of Health, the local police, and even the local drug dealers. Administrator Kelly Hodel noted, “We’ve got funding from the county, we’ve got the police bringing in OD’s. In other words, we’ve made it work with the Establishment as well as with the underground.”⁵⁸⁶ The LAFC found ways to network

⁵⁸² Ibid.

⁵⁸³ Jim Stingley, “Free Clinic Goes to the Establishment.”

⁵⁸⁴ Getzler interview.

⁵⁸⁵ “\$118,000 Given to 10 Clinics for Supplies,” *Los Angeles Times*, April 4, 1974, p. SF11.

⁵⁸⁶ Hodel interview.

with County Health especially, developing a mutually beneficial relationship that allowed both to flourish individually. While the LAFC gained legitimacy and free drugs from County Health, they, in turn, received help and advice in setting up their own youth clinics. This explicit approval of the free clinic's methods helped to establish the LAFC as a major player in the City of Los Angeles' health care safety net system. The relationship with County Health was not always ideal, but by 1975 both sides were at least attempting to work together for the benefit of the citizens of Los Angeles.

In 1975, as the LAFC prepared to move into its brand new building, funded by large private donations and tripling its size, it could look back on the past eight years and marvel at the changes taking place.⁵⁸⁷ It had grown from a small-scale organization run by ex-cons, to a struggling institution begging for donations and creating some semblance of structure, to a permanent and recognized establishment, one that now helped to create new free clinics and new County Health-run clinics. It was a recognition that something had to change to serve the people of Los Angeles, and that "There does need to be some commitment on the part of the Establishment for that portion of the community who for some reason or other cannot avail themselves of traditional options."⁵⁸⁸

⁵⁸⁷ "Keep on Truckin,'" *American Medical News*, American Medical Association, Volume 40, Number 29 (August 4, 1997).

⁵⁸⁸ Deitch interview.

CHAPTER 7

CONCLUSION

Ideally, the Clinic will, as in the past, continue to be a focal point for the reunion of disparate elements of the community - the poor, the old, the young, and disadvantaged ethnic/racial minorities - with the Establishment. The opportunity of alienated populations to participate directly in planning and delivering their own health care has provided dignity to themselves and given greatly increased accessibility and economy to such care.

-Leonard Somberg, "The Los Angeles Free Clinic, 1967-1970: A Folk History"⁵⁸⁹

On the evening of November 3rd, 1975, Lenny Somberg was working late in a building the clinic had rented as they prepared to move to a new and bigger location just down the street. The move was a stressful time for all of the staff and, as the current clinic director, Somberg likely felt the pressure. Somberg had been involved with the Los Angeles Free Clinic since its beginning, and had struggled to work his way up to a position of leadership. At 6'6", Somberg was an imposing figure, prematurely balding, but good-natured and kind.⁵⁹⁰ He often took his weekly salary and divided it up among the staff.⁵⁹¹

At some point in the evening, Somberg was confronted by two armed people, who pushed past a receptionist and demanded the cash from the cash box. As Somberg reached for the key, they opened fire and then ran off. Somberg died of his injuries an

⁵⁸⁹ Leonard Somberg, "The Los Angeles Free Clinic, 1967-1970: A Folk History." From the Personal Collection of Frances Helfman.

⁵⁹⁰ Helfman interview.

⁵⁹¹ Ibid.

hour later; he was 33 years old.⁵⁹² The cash box had only contained a few dollars.⁵⁹³ In a letter to clinic staff, Mimi West noted that at the LAFC, Somberg “had found an incredible niche in this crazy world,” and that “for Lenny to die violently was the most inconsistent thing he ever did.”⁵⁹⁴ Frances Helfman declared his loss such a senseless waste: “I imagined in my mind that these guys came in with a gun or something and held him up and he said, ‘of course,’ and he stood up and they saw his height and he must have scared the hell out of them. Oh, poor Lenny. He didn’t deserve it. He was really something else.”⁵⁹⁵ They never caught the people who did it. Somberg’s remains the only death at the LAFC due to foul play.⁵⁹⁶

Somberg’s death came just as the LAFC was entering a new phase, as a permanent and respectable health care center. Over the previous eight years, Somberg had seen the Los Angeles Free Clinic grow from small and poorly organized to a large and flourishing establishment. The LAFC’s funding base had grown considerably, giving them more financial security and larger donations. Money would remain a problem in the years to come, but by 1975 it was gaining donations from outside the realm of Hollywood, and from more stable and wealthy donors. Hollywood still played a large

⁵⁹² “Free Clinic Head Slain in Holdup,” *Los Angeles Times*, November 4, 1975. From the Personal Collection of Frances Helfman.

⁵⁹³ Ibid.

⁵⁹⁴ “Letter from Mimi West to clinic staff, November 4, 1975.” From the Personal Collection of Frances Helfman.

⁵⁹⁵ Helfman interview.

⁵⁹⁶ There were other deaths at the Los Angeles Free Clinic, most notably from drug overdoses.

role in the clinic's finances, but more conservative and established philanthropists had taken notice of the organization now, too.

The LAFC had gained the attention of the Los Angeles County Department of Health, who now sought the clinic's advice on how to set up youth clinic that people would actually attend. In return, the Department of Health began paying for all of the LAFC's drug supplies. It was an arrangement that was mutually beneficial, not just to the two clinics but to the patients spread across Los Angeles County as well. This partnership was the Los Angeles County Department of Health was representative of the LAFC's new image as a trustworthy and upstanding organization. This support from the Department of Health further solidified the LAFC as a now established part of the community health system.

While the specific challenges of the 1960s went away, the health care needs of the people of Los Angeles remained. Over the next several decades, the LAFC continued to evolve, first to meet the needs of those affected by the economic downturn of the 1970s, then those affected by the Reagan social welfare cuts. By the late-1980s, the LAFC was one of the first institutions to work directly at helping those affected by the growing AIDS crisis. As it did in the beginning, the LAFC continues to evolve, developing new programs and services to continue to meet the changing needs of its clients.

Most of those who participated in the LAFC's founding are fading from memory, though Lenny Somberg's name is still on the new clinic building. Bob Alschular claims, "The only person they remember is Lenny Somberg because he got shot dead. And he was a very good person and I understand all that but it's like that was it and there were

many more people involved. The current people have no clue. And they don't care either."⁵⁹⁷ Barry Liebowitz recalls the LAFC calling to ask for donations for a dinner celebrating their anniversary; the person on the phone had no idea who he was.⁵⁹⁸

Bob Alschular notes, "What's the irony of it all? No one remembers us. No one who works in the free clinic movement today [remembers us]. If you get past 1980 it's like we didn't exist. The free clinic popped up and there it was and people were volunteering...No one really realizes what went into getting the free clinic to where it is today. And so you could say we were pioneers."⁵⁹⁹ Frances Helfman said, "It's a memory now. It's going to be a part of history but nothing that is going to be memorable. It's a shame. It was a movement. It was really a movement! And it's almost gone."⁶⁰⁰ The Free Clinic Movement does live on, however, and it has been memorable, especially for those living in the communities the free clinics serve. Kelly Hodel was less nostalgic:

I think there always have been and always be free clinics. I think that the County used to be a free clinic. I think the Red Cross used to be a free clinic. Maybe someday the free clinic will used to be a free clinic! But I think something new will start. It's just a name, you know? What it is, is people in the community deciding to take responsibility for their own problems and to become part of the solution. And that's what a free clinic is. Whatever the problem is, whatever seems to be the answer, that's a free clinic. I'm not as locked in to that definition."⁶⁰¹

⁵⁹⁷ Alschular interview.

⁵⁹⁸ Liebowitz interview.

⁵⁹⁹ Alschular interview.

⁶⁰⁰ Helfman interview.

⁶⁰¹ Hodel interview.

In his mind, the definition of free clinics is broad enough to cover a multitude of health care organizations. The concept of “free clinic” is more in the mind than in a building. Regardless of the remembrance of the founding generation, the LAFC, along with the other free clinics nationwide, continues to endure.

By 1997 the LAFC was averaging 60,000 patient visits a year on a budget of \$3.9 million.⁶⁰² That same year, the LAFC linked with County Health, to help support the County clinics and stave off a massive health care crisis in the city.⁶⁰³ It created more bureaucracy and developing ties with government that the free clinic long sought to avoid.⁶⁰⁴ By this point the demographics had changed, and approximately 55% of the LAFC’s patient base was non-white.⁶⁰⁵ At this point, too, the LAFC, now accepting government funding, essentially ceased to be a free clinic and instead became a community health center, much like the ones founded under Lyndon Johnson. Still, the LAFC has grown. By 2012, the LAFC (now known as the Saban Free Clinic) had over 90,000 patient visits with over \$16 million in expenses, a position far removed from the original chaos.⁶⁰⁶

On June 25, 2015, President Obama gave a speech reacting to the Supreme Court’s upholding of the Affordable Care Act. Obama noted, “Five years ago, after nearly a century of talk, decades of trying, a year of bipartisan debate -- we finally

⁶⁰² Shari Roan, “Free For All,” *Los Angeles Times*, July 13, 1997.

⁶⁰³ Ibid.

⁶⁰⁴ Ibid.

⁶⁰⁵ “Keep on Truckin,’” *American Medical News*.

⁶⁰⁶ Saban Free Clinic, Annual Report, 2011-2012. From the Personal Collection of Kelly Hodel.

declared that in America, health care is not a privilege for a few, but a right for all.”⁶⁰⁷

President Obama might not have realized it, but he was co-opting terminology, in fact, the overall philosophy, of the Free Clinic Movement - that health care is a right and not a privilege. Nearly fifty years after the formation of the first free clinics, this idea of health care as a right has become an accepted part of mainstream health care delivery.

⁶⁰⁷ Barack Obama. “Remarks Made by the President on the Supreme Court’s Ruling of the Affordable Care Act.” June 25, 2015, White House Rose Garden, Washington, D.C. Accessed at: <https://www.whitehouse.gov/the-press-office/2015/06/25/remarks-president-supreme-courts-ruling-affordable-care-act>.

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